The New York Times Magazine
April 26, 2020

Afghanistan's Next War

What happens when the pandemic comes to a country mired in conflict?

Photographs by Kiana Hayeri / Text by Mujib Mashal

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The New York Times Magazine

April 26, 2020

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The entrance of Shaidahe Hospital, a facility dedicated to treating Covid-19 patients in Herat Province, Afghanistan. Page 24.

Photograph by Kiana Hayeri for The New York Times

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Behind the Cover *Jake Silverstein, editor in chief: "Kiana Hayeri's photo shows a large crowd of Afghan migrants at the border with Iran, waiting to get through a screening process and re-enter the country. The image captures the tension and uncertainty in Afghanistan as the virus begins to spread. It also conveys some of the practical challenges for public-health officials in a country already destabilized by war and civil conflict: This is a large crowd, with very few masks in sight, and no social distancing." Photograph by Kiana Hayeri for The New York Times.*

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Kiana Hayeri — *"Afghanistan's Next War," Page 24*

Kiana Hayeri is an Iranian-Canadian photographer and a senior TED fellow whose work focuses on migration, adolescence, identity and sexuality in war-ridden countries. She is a regular contributor to The New York Times from Afghanistan, where she has been based since 2014. For this issue's cover story, she documented the border with Iran as Afghans return to their country, fleeing the coronavirus outbreak. "At the border, I was struggling a lot to capture the overwhelming feeling that I was experiencing through a two-dimensional frame," Hayeri says. "As many as 16,000 Afghans were crossing the border on foot daily. Facing that vast sea of young men, some carrying backpacks, others large sacks overstuffed with their belongings, was a sobering slap in my face."

Adrian Chen — *Screenland, Page 7*

Adrian Chen is a writer living in Los Angeles. He is working on a book about internet culture. He last wrote for the magazine about the video-game auteur Hideo Kojima.

Gabrielle Hamilton — *"The Kitchen Is Closed," Page 40*

Gabrielle Hamilton is an Eat columnist for the magazine and the chef and owner of Prune. Her last feature was about old-school dinner parties.

Jennifer Kahn — *"How to Stop the Next Pandemic," Page 46*

Jennifer Kahn is a contributing writer for the magazine and teaches in the magazine program at the University of California, Berkeley, Graduate School of Journalism. She last wrote for the magazine about gene-drive technology.

Mujib Mashal — *"Afghanistan's Next War," Page 24*

Mujib Mashal is The New York Times senior correspondent in Afghanistan. This is his first story for the magazine.

Janet Reitman — *"'Something Is Going to Explode,'" Page 52*

Janet Reitman is an investigative journalist and a contributing writer for the magazine. She is currently working on a book about the impact of extremism on American culture and politics over the past 30 years.

Kim Tingley — *Studies Show, Page 16*

Kim Tingley is a contributing writer for the magazine and the Studies Show columnist; topics have included the potential health impacts of mindfulness, sunscreen and diets.

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Readers respond to the 4.12.20 issue.

RE: THE LIFE-AND-DEATH SHIFT

Andrea Frazzetta photographed the medical workers on the front lines of the pandemic in northern Italy's hospitals.

Susan Kelly
@SusanKelly18
THE LAST LINE OF THIS BROUGHT A LUMP TO MY THROAT. THE DOCTOR SAYS THAT SHE WOULD RATHER BE WITH HER PATIENTS THAN RETIRED WITH HER GRANDCHILDREN, OR PERHAPS WALKING UNDER TREES COVERED IN BLOSSOM. THAT'S TRUE BRAVERY.

I am so moved by all of the portraits and stories of those on the front lines in northern Italy, but especially by the cover photo of Monica Falocchi, head nurse of an intensive-care unit in Brescia. Truly, Frazzetta's photograph has captured her humanity, the best of what humanity can be — her intensity, her courage overcoming fear in the face of death, her compassion for the horrible suffering of others, her ability to persevere no matter what. I can only wish for an end to this suffering, and that all of those on the front lines of this war will be able to survive and experience healthy and happier times.
Katherine Mitchell, Atlanta

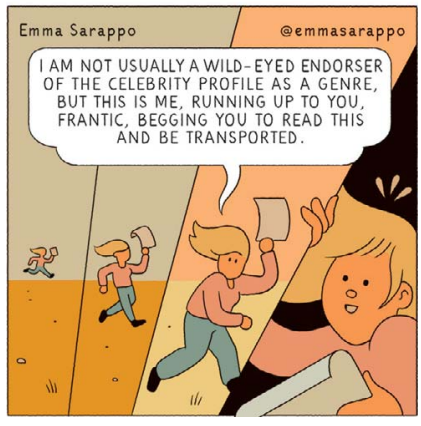
No words are necessary to witness the agony of the Italian health care workers as those of Andrea Frazzetta's photographs. Compounded by the death of his mother, his report is especially poignant. As a physician currently doing tele-psychiatry and checking on my relatives in Southern Italy while in semiquarantine, I could only feel a mild sense of solidarity with those on the front lines there.
Anthony J. DeTommasi M.D., Albany, N.Y.

RE: IT'S A WEIRD, WEIRD, WEIRD WORLD

Sam Anderson profiled Weird Al Yankovic.

After witnessing the emotionally exhausting but beautifully done photo essay by Andrea Frazzetta on Covid-19 in Italy, my weary heart turned to Sam Anderson's piece on Weird Al Yankovic, longing for a bit of emotional levity. Anderson not only delivered, but his writing moved me the same way Walt Whitman's does (no kidding). Both have the ability to convert earthly humiliation into compassionate reflection. Yankovic shares this ability to sacrifice human foibles on the altar of humorous compassion. No surprise he turns out to be one of the nicest guys in Hollywood. I was deeply moved by Anderson's prose; my heart felt lighter. Thank you, Sam. Truly, I am savoring your gift.
The Rev. Emily Hassler, Denver

I just finished reading Sam Anderson's complete and touching article about Weird Al. As a septuagenarian and early fan of Al's, I loved reading about his early life and what led him to his career. I have never written a letter like this but feel its timing with the tragedy and fear of the Covid-19 pandemic to be perfect. I did not suffer a lonely childhood. It was as happy as any 1950s or '60s girl could live. When I first heard and saw Weird Al, I thought he was a total spoof. As more songs emerged, I cracked up at his cleverness and realized he was just plain funny, not cruel. Anything he twists works for me. As a widow, living alone, Sam's article touched me and had me barking with laughter! I am so glad Al is still on the scene. I will look on YouTube for anything "Al." Thank you for including this article with the touching photos of those working on the front lines in Italy. All of their loving dedication and Al's story tell us who we are: survivors, human beings with incredible, loving spirits and abilities.
Sandy Gardinier, Cheshire, Conn.


Emma Sarappo
@emmasarappo
I AM NOT USUALLY A WILD-EYED ENDORSER OF THE CELEBRITY PROFILE AS A GENRE, BUT THIS IS ME, RUNNING UP TO YOU, FRANTIC, BEGGING YOU TO READ THIS AND BE TRANSPORTED.

THE STORY, ON TWITTER

Powerful and telling photograph. She looks like she's just been through a firefight. @fotosailor01

'Yankovic shares this ability to sacrifice human foibles on the altar of humorous compassion.'

I never in my wildest dreams thought "Weird Al" and "tears of joy" would be in the same phrase, but, alas, that was me after finishing Sam Anderson's profile. It is such a thoughtful and empathetic look at a music figure I, quite frankly, haven't thought about in years. It jumps off the page with surprising details at every turn. And now for another phrase I never thought I would utter: When can I go see Weird Al in concert, and how can we be friends?
Marie Larson, Woodstock, N.Y.

Geraldine DeRuiter
@everywhereist
DEAR GOD. HUSBAND AND I BOTH SOBBED. AN HOMAGE TO THE OUTCASTS, THE NERDS, THE LONELY. BY @SHAMBLANDERSON, WHO MIGHT BE A WIZARD.

What a delight to see a profile of Weird Al Yankovic in this week's magazine. Sam Anderson captured him perfectly. Everyone has their favorite Weird Al song and can sing all the lyrics. One of my favorites, from my 20s, was "King of Suede," and years later our teenagers loved "White & Nerdy." As Anderson points out, somehow listeners understand that Weird Al respects the original song and artist while at the same time gloriously lampooning their self-importance and general overheatedness. I always imagined him to be a generous guy, and feel happy to find out, reading this, that he truly is.
Pat Zimmer

CORRECTIONS

An article in the April 5 issue about the cannabis industry misidentified Jack Herer. Herer was a cannabis activist, not a grower. (He did not grow commercial-scale cannabis.)

An article in the April 12 issue about Weird Al Yankovic misstated part of a lyric from his song "White & Nerdy." It is: "First in my class there at M.I.T.," not "here at M.I.T."

Send your thoughts to magazine@nytimes.com.

Photograph by Andrea Frazzetta

Illustrations by Giacomo Gambineri

The New York Times Magazine
JULY 14, 2019
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Tap to get the inside scoop on our cover designs.
BY CHARLES SIEBERT

The New York Times Magazine

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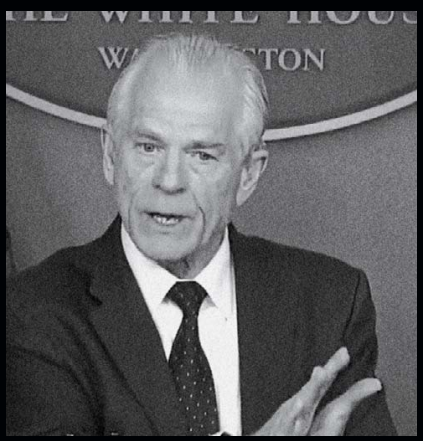


The White House's daily coronavirus briefings aren't very informative. You can still learn a lot from them.

● *By Adrian Chen* ● Not long into this crisis, I went to YouTube to watch a livestream of the daily White House coronavirus news briefing. It was a few minutes before the scheduled start time, and I was surprised to find myself looking at an empty stage, watching the preparatory goings-

on: collegial banter, photographers fiddling with cameras, reporters I vaguely recognized from TV adjusting earpieces and coordinating with producers. Here was a scene that had just recently become tantalizing — a bunch of people together in a room. We were only a few days into our stay-at-home order in California, and already my cabin fever had reached the point where the idea of sharing space with so many other humans had achieved the allure of an exotic sexual fantasy.

Since then, I've become a connoisseur of the dead air that often precedes the briefings. Each "episode" has its own rhythm, its monotony punctuated by tiny dramas. There was the time a woman announced that the briefing was delayed yet again, prompting someone to tell someone else he won their wager. I would swear I once heard people gossiping about the former White House photographer Pete Souza, who left Twitter after posting a tweet calling President Trump a "pathetic human being." One time a well-known reporter coughed, and others started ragging on him: "Oh, here we go," "Everybody hold your breath." That was back when the room had only one empty seat between people; today there are three. I heard people react to having their temperatures taken and express concern for a colleague who tested positive for Covid-19. I started to look forward to the dead air as much as the briefing itself.

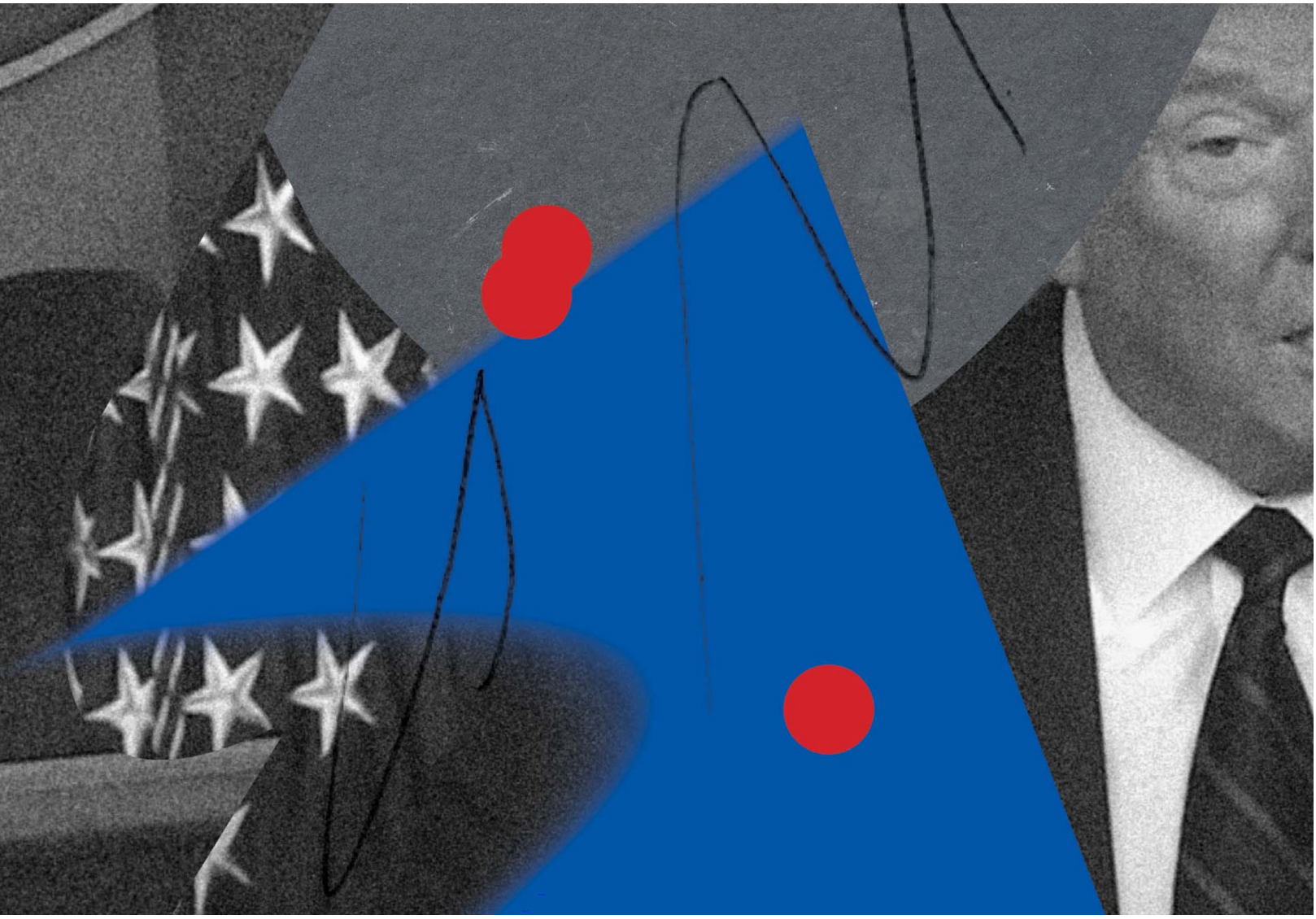
The briefings fail spectacularly at their ostensible task of informing the public.

I realize the preceding paragraph might sound as though my brain has been destroyed by isolation. I will not disagree. Still, I think my weird habit has given me some insight into an overlooked facet of these events: their voyeuristic nature.

The briefings fail spectacularly at their ostensible task of informing the public, so explanations for their huge audience tend to draw on the notion that we instinctually flock to the president in dark times. "Americans have been in the habit for decades of listening to the president during a crisis, and whatever he says, the habit remains," the historian Michael Beschloss told The New York

Above and opening page: Screen grabs from YouTube

Photo illustration by Najeebah Al-Ghadban



Times recently. When Trump tweeted triumphantly about the ratings for his briefings — they average 8.5 million viewers, like a "Bachelor" finale — his old pal Howard Stern was quick to snap back: "It's not your incredible reality-TV show that you're putting on for the country. It's because we're in crisis, and we're tuning in to hear what the president has to say. We're looking for leadership!"

But are "we" really looking for leadership when we watch? I, for my part, never expected the Trump administration to meet this crisis without the slapdash chaos that marks most everything else it does. Nor was I surprised that Trump has used the briefings to settle scores with journalists, spread lies or be xenophobic toward Chinese people; crisis or not, he remains Donald Trump. It was that voyeuristic quality that got me, the sense of seeing a social drama unfold. When Trump is present, the briefings are free-flowing in a way that produces unguarded eruptions of reality, revealing remarkable things. Watching him interact with the officials around him — encouraging them to take questions, cutting them off or contradicting answers he dislikes — you can feel the administration's Darwinian nature spilling right onto the stage.

During an April 2 appearance by the trade adviser Peter Navarro, for instance, you could see his stock with Trump rise in real time. Called to the lectern to explain a presidential order, Navarro gushed that the action was "vigorous, swift," requiring General Motors to make ventilators "in 'Trump Time,' which is to say as fast as possible." Trump Time! Navarro spoke of all the great actions the president was taking, never once taking credit for anything himself. He channeled every sniveling sidekick in every 1980s action movie; Trump loved it. At one point, as Navarro shut down a reporter's question, Trump smirked. "You did a good job," he said to Navarro right there on the stage.

"This president and this administration, these guys up here are doing a heck of a job organizing the supply chain." Peter Navarro, who is coordinating the country's medical supply chain

Contrast that with the coronavirus response coordinator, Dr. Deborah Birx, one of two medical experts who appear

to have had success persuading Trump to take the pandemic seriously. Late in the same briefing, Birx sounded a rare note of concern, saying new cases were still appearing rapidly even after more than two weeks of social distancing. Trump interrupted: "But, Deborah, aren't you referring to just a few states? Because many of the other states are dead flat." Birx acknowledged this but continued to stress the need for social distancing. Trump interjected again: "I look at the graphs all the time. And you have many, many flat-liners — I call them flat-liners, I'm amazed at them — and you have a couple that are up. It's hard to blame the flat-liners for not doing a great job." Birx looked mortified, and her voice took on an ominous level of panic: "No, no! I don't want to say that! No. Thank you for saying that, sir."

Day after day, the main message Trump delivers — from which other officials deviate at their peril — is that the virus is no match for his administration, that everything will be fine shortly and that anyone who says otherwise is a self-interested saboteur. It was easy, at first, to hail Birx and her colleague Dr. Anthony S. Fauci as bulwarks of science and fact against this narcissistic spin. But as time goes on, their proximity to Trump — the chummy way he moves them around the stage, the foils they offer to people like Navarro in Trump's health-versus-economics framing — has made me lose faith. The banter among journalists has also lost its charm, which is perhaps for the best, because there are only 14 in the room and they don't seem in the mood for jokes.

Whatever viewers see in these briefings, it is increasingly not to the president's advantage. As I write this, Trump's approval rating for handling the crisis has dipped significantly, according to a Morning Consult poll, and even Republican lawmakers are voicing skepticism of the briefings. Like a fading TV drama that tries to boost ratings by teasing the death of a beloved character, Trump recently retweeted a message with the hashtag #FireFauci, and for a moment, reading this news, I felt more curiosity than alarm, as if this really were the reality-TV production Trump turns everything into: How would the good doctor get out of *this* jam? And then I thought about that thought and realized it was time to step away from the computer. ◆

You could see his stock with Trump rise in real time.

Poem Selected by Naomi Shihab Nye

Alberto Ríos has always had a gift for restabilizing the personal universe in his poems, and his new book, "Not Go Away Is My Name," is strong and deep as gravity. To consider the birds as "rewriting" their own expansive journeys with their small "pencil tips" of movement joyously uplifts the hearts of worriers on the ground. This is a border book, rural and urban at once, a pay-better-attention book, for all human beings who embrace one another, or think they relate to only a few. This is a major book for our time.

The Morning News

By Alberto Ríos

Seasons will not be still,
Filled with the migrations of birds

Making their black script on the open sky,
Those hasty notes of centuries-old goodbye.

The clouds and the heavens make a memo book,
A diary of it all, if only for a day.

The birds write much, but then rewrite all the time,
News continuous, these small pencil tips in flight.

They are not alone in the day's story.
Jets, too, make their writing on the blue paper —

Jets, and at night, satellites and space stations.
Like it or not, we are all subscribers to the world's newspaper

Written big in the frame of the window in front of us.
Today, we wave to neighborhood riders on horses.

We hear the woodpecker at work on the chimney.
There is news everywhere.

All this small courage,
So that we might turn the page.

Naomi Shihab Nye *is the Young People's Poet Laureate of the Poetry Foundation in Chicago. Her latest book is "Cast Away," from Greenwillow Books.* **Alberto Ríos** *was the first poet laureate of Arizona and has taught at Arizona State University since 1982. "Not Go Away Is My Name" will be published in May by Copper Canyon Press.*

Illustration by R. O. Blechman

Madeleine Albright on the merits of American intervention. “I am testimony to the fact that it makes a difference where the United States is.”

Illustration by Jules Julien

In the two decades she has been out of government, Madeleine Albright has, remarkably, developed a portfolio perhaps even broader than the one she maintained as secretary of state during President Clinton's second term. She served on the board of the New York Stock Exchange and co-founded Albright Stonebridge Group, a business strategy firm. She helped monitor elections, among other duties, as the chairwoman for the National Democratic Institute. She continues to teach diplomacy at Georgetown University and keeps writing books, the latest of which, her seventh, is "Hell and Other Destinations: A 21st Century Memoir." "It took me a long time to find my voice," said the 82-year-old Albright, who didn't start working in government until she was 39. "I'm sure not going to be quiet now."

Your last book[1] was about the rise of fascism. So let me ask you this: It's clear that the coronavirus pandemic has afforded opportunities for authoritarian leaders to consolidate control. Does it afford any opportunities for democratic leaders? It's more complicated than meets the eye. I believe that, for a lot of the issues in combating the pandemic, you have to use centralized government and also have a message that goes out that is consistent and comes from the authorized leader. The question is how that's exploited. What Viktor Orbán has done[2] in Hungary is that he's taken advantage of the pandemic in order to get rid of institutional structures. But what I find interesting in the U.S. is that there has been bipartisan agreement on the packages that Congress is getting together that the president is then signing. So I do think that the pandemic might show the efficacy of working together and that not all government activity is bad. You know that cliché about you shouldn't let a crisis go to waste? There are things that need to be looked at from that perspective.

Is there any diplomatic pressure that the United States could have exerted that would have helped us get our experts into Wuhan earlier and given us a better sense of what was happening? Ultimately we're going to have to figure out what happened. It's essential for us to work with the Chinese. They clearly have some responsibility in terms of the way they handled the coronavirus initially and in their way of not communicating — some suggesting that this was an American plot. But I'm just going to read this to you,[3] because it is the way I feel: "In the present crisis, for example, imagine a president who has led from the beginning, who promoted an emergency containment strategy worldwide, who invested generously in medical research, a president who treated the pandemic as a shared challenge, not a competition. This peculiar and troubled spring, as we sit at home for longer periods than usual, let us think about what the coronavirus is telling us and consider with care the choices we face. We can learn from history or we can repeat history; we can embrace our international responsibilities or try and go it alone."

Along those lines, you've always promoted the idea of the United States as the "indispensable nation." But we're moving quickly into a future — if we're not there already — where that's not necessarily the case. What ramifications does that have for how this country might conduct foreign policy? There's nothing in the definition of indispensable that says "alone." It means that the United States needs to be engaged with its partners. And people's backgrounds make a difference. So for me as a Czechoslovak, the United States was not involved in Munich[4] and terrible things happened. Then in England during the war when the Yankees came, everything changed. I am testimony to the fact that it makes a difference where the United States is, and I believe in the importance of America being a leader within a partnership that deals with new problems; not somebody who orders everybody around but one who listens to what our partners say and has diplomatic conversations. Maybe that seems utopian at the moment, but I do think this coronavirus crisis needs to be used in a way that takes another look at the United Nations, sees how the relationship of the regional organizations fit in with the United Nations and understands that human rights is not just an American idea. People are all the same. They want to make decisions about their own lives, and the next period could be one that is exciting in terms of possibilities for how to have a more partnership-oriented world. I am, in case you haven't noticed, an optimist. But I'm an optimist who worries a lot.

The idea that when America gets involved good things happen is one that's informed by your personal history. But do you think that belief transposes

Below: Secretary of State Madeleine Albright at the White House in 1997 with, from left, Samuel Berger, William Cohen, Bill Richardson and President Bill Clinton. Right: Albright at the 2016 Democratic National Convention in Philadelphia.

David Marchese
is the magazine's Talk columnist.

factually onto America's foreign-policy history over the last 50 or 60 years? Clearly, I come from an era where American involvement did make a difference, but I have some problem accepting what you said about the last 50 years. The end of the 20th century was where one administration built on another, where the Clinton administration built on what President Bush had done: the unification of Germany and how countries at the end of the Cold War wanted to be part of a Western system that they had not been able to be a part of. There were attempts we made to have a respectful relationship with Russia and China. There were attempts to try to operate in an American partnership role. Things did change a lot with 9/11 and trying to figure out how we dealt with that. There were issues about how the war in Afghanistan morphed into a war in Iraq that made things worse in the Middle East. But I wouldn't totally accept what you're saying about the last 50 years.

But there are so many negative counterexamples: the Vietnam War; C.I.A. intervention in Latin America; our long history in the Middle East, which you noted. So why shouldn't someone be skeptical of rhetoric about America as the indispensable nation? Vietnam clearly was a terrible disaster. The war in Iraq was a terrible disaster. I do think that we have misunderstood the Middle East. So to be fair and honest and an analyst in addition to being a political person, one has to explain the mistakes and understand how not to repeat them. One has to admit mistakes, and I obviously do and would.

In your new book you get into the sanctions against Iraq in the 1990s. Specifically you write about that infamous interview[5] from 1996 with Lesley Stahl on "60 Minutes" in which you talked about the cost of Iraqi children's lives as a result of those sanctions. You do point out in the book that the number of dead was ultimately shown to be far less than was believed at the time, but I'm curious to know what you learned from that situation about sanctions and making a foreign-policy case to the public. What I said was totally stupid. I use it in my class as an example of how thinking through what you're going to say is important. I regret it. I have apologized for it I can't tell you how many times. What I'd like to do is explain more the context and what it was like at the United Nations at the time. What was happening was that the cease-fire from the gulf war had been translated into a series of sanctions resolutions. My job was to make sure the sanctions stayed on. By the way, we don't have a lot of tools in the diplomatic toolbox, no matter how powerful we are. The sanctions were put on by the U.N. before I got there. They were the toughest, most comprehensive sanctions ever, and the only thing that they exempted, because that's American policy, was food and medicine. But then we ran into problems. Saddam Hussein would not allow the U.N. to distribute the food and medicine. There was no question that people were being hurt, but back then I was trying to say that basically it was due to the fact that Saddam Hussein was not fulfilling what was required of him. But we learned in many ways that comprehensive sanctions often hurt the people of the country and don't really accomplish what is wanted in order to change the behavior of the country being sanctioned. So we began to look at something called "smart sanctions" or "targeted sanctions." We in the Clinton administration began to develop that as we were dealing with Milosevic.[6]

You mentioned that you've apologized for that statement, but it's not quite clear to me what your apologies were for. Were they because the statement was callous or factually incorrect or revealed something about the realities of foreign policy that you didn't want to reveal? All of the above? None of the above? I do not think the sanctions were worth any children's lives, frankly, because I don't believe in that. The sanctions weren't supposed to be against them. But I do think that if you go back and try to figure out how this whole sanctions regime was put into place and how it was translated from the cease-fire then you can understand how there began to be problems about how the sanctions were carried out. And, by the way, it's easier to explain it to you than trying to explain it quickly on TV. It was just stupid. It was just the worst possible thing I could've said.

As somebody who has observed elections[7] and paid close attention to democratic processes in other countries, do you have concerns about what the pandemic might mean for our election in November if we're still far from any sort of "normal"? We're going to have the election. It's the law to have the election. We need to understand, without the president taking it personally, that something went wrong in the last election. We need to understand that the states have a lot of control in this. We need to decide that America's going to prove our democracy by making sure that we're going to have a free and fair election where people are encouraged to vote and supported in their desire to vote. But I'm not sure we fully have grasped some of the issues — and how quickly things can change. ◆

This interview has been edited and condensed from two conversations.

1 2018's "Fascism: A Warning."

2 Ostensibly acting in response to the pandemic, the Hungarian Parliament has given Prime Minister Orban the right to rule indefinitely by decree.

3 This paragraph comes from an article that Albright wrote for Time magazine in March.

4 That is, the Munich Agreement signed by Germany, Britain, France and Italy in 1938, which ceded part of Czechoslovakia, to Germany. Albright was born a year earlier, in Prague.

5 In response to Stahl's question about whether the loss of an estimated 500,000 children's lives as a result of sanctions was "worth it," Albright replied, "I think this is a very hard choice, but the price — we think the price is worth it."

6 The Serbian nationalist Slobodan Milosevic, whose attempt to purge ethnic Albanians from Kosovo led to NATO bombing Serbia in 1999. Milosevic died while imprisoned in The Hague, awaiting the verdict of his trial for war crimes.

7 Through her work with the aforementioned National Democratic Institute, a nongovernmental organization that works to promote democracy and government accountability, often monitoring democratic elections.

Opening page: Source photograph by Bill O'Leary/The Washington Post, via Getty Images. Left: Time Life Pictures/White House/The Life Picture Collection, via Getty Images. Right: Ida Mae Astute/Walt Disney Television, via Getty Images.

How Do I Deal With A Friend Who Thinks Covid-19 Is a Hoax?

A friend of mine whom I've kept in contact with over text message (we live in different countries) does not believe the Covid-19 pandemic is real. He is taking precautions and practicing social distancing, but he told me that he believes Covid-19 is a political, worldwide hoax to control people. I was flabbergasted to hear this. I tried to explain to him that the disease is no hoax: I know doctors fighting it, I know people who have contracted the virus and so on. But nothing has persuaded him.

Should I cut off my relationship with him or continue to talk to him? It is exhausting to argue with someone who believes in a conspiracy theory. I don't feel I would lose much by cutting off ties with him, but how much of a responsibility do I have to make him understand the truth? It feels bigger than just our relationship.

Name Withheld

Your friend believes in an astonishingly complex conspiracy. It would involve a secret deal between Donald Trump and Xi Jinping and dozens of other political leaders on every habitable continent — people who haven't managed to coordinate their plans on lots of other important matters, like climate change. It would involve doctors in Geneva at the World Health Organization, in Atlanta at the C.D.C. and in hospitals all around the world conspiring with data scientists at Johns Hopkins to produce a fantastic flow of fake information. Or, if your friend thinks that everything those politicians and scientists and health workers appear to be saying is itself made up, it would require an even more amazing capacity on someone's part to control the media and the internet. And what possible purpose could it serve? You might as well propose that we are all living in the Matrix — though if we are, it isn't just the pandemic that's imaginary.

Now, I suppose that there's a remote possibility that your friend suffers from clinical paranoia and needs professional help. If that's what's going on, there's little you can do from over here. No harm in keeping in touch, but no point in exploring his delusions, either.

More than a few people believe some version of what your friend believes, however, and mostly, they're not suffering from psychiatric difficulties. Instead, they've joined one of the self-reinforcing cohorts of the collectively unhinged, which have become especially salient in the era of social media. The pathology there is not individual but social. And if that's what's going on, there's something to be said for telling him that you hope he'll continue to take those precautions but that you're not willing to waste time arguing with him. Losing your friendship might give him more pause than any possible arguments.

I'm doing my best to avoid social contact, along with two other members of my household. We have sufficient supplies for a month. Despite that, one member insists on going out for trivial reasons, such as not liking the kind of apples we have. He's 92. I've tried explaining and cajoling, using graphs and anecdotes to make the danger to all of us seem "real." It doesn't take. His risk of death is many times greater than mine, and he's poking holes in a lifeboat we all have to rely on. What is the correct path?

Name Withheld

Staying at home is something you do as a domestic unit, and it won't work if one member of every household feels free to come and go as he or she pleases. The additional risks may not be very great if your nonagenarian's trips involve proper distancing, proper hand-washing, wearing a cloth mask (which, among other things, would reduce the chance of his touching his face), choosing an hour when the store is least crowded and so on. But someone who can't grasp what's wrong with going out for trivial reasons can't be trusted to maintain the necessary precautions.

Given that you can't lock him in or kick him out, you might see what can be done to address his needs. If he agrees not to go to the store himself, you can make a list of the things he wants and agree to go buy them yourself; you can practice the necessary safety measures more reliably than he might. But it may be that he's just feeling stir crazy. If that's the issue, perhaps you can arrange to go with him on walks in places where there are few people around (taking note of the C.D.C.'s

Bonus Advice From Judge John Hodgman

Christina writes: Whenever I use the phrase "turn of the century," my dad asks: "Which century?" This is pedantic. To me, the phrase refers to the years before and after 1900. If I say "a turn-of-the-century camera," I mean the ones that require a blanket, not a Nikon Coolpix. Please order him to stop.

————

Time feels increasingly pointless now in these weeks (months? eons?) of stay-at-home, never-get-dressed, dinner-at-3-p.m. lockdown. And your dad is almost certainly doing this to annoy you for his own amusement. But it's important to remember: It is *2020*. We are a fifth of the way into this Coolpix century, which was once the unimaginable future. So I agree that it's reasonable, even necessary, to clarify which one you're talking about. But even though you're wrong, I order your father to stop bugging you about it. It's lockdown. No one has time for this.

To submit a query: Send an email to ethicist@nytimes.com; or send mail to The Ethicist, The New York Times Magazine, 620 Eighth Avenue, New York, N.Y. 10018. (Include a daytime phone number.)

Illustration by Louise Zergaeng Pomeroy

Illustration by Tomi Um

current recommendations concerning the use of cloth masks in public). What you can responsibly do, of course, will depend on the conditions and the rules where you are.

I work as a journalist, but several years ago I got my E.M.T. license. I've let it lapse, but I'm certain I could put my skills to good use during this pandemic. I live in a New York City apartment with my 60-year-old husband and 20-year-old daughter (whose college closed). My mother-in-law, who is 85, lives across the hall. We see her multiple times a day. She's in excellent health but also at high risk for becoming very, very ill — and possibly dying — if infected with the coronavirus. Despite all the precautions health care workers take, they are at high risk for getting or transmitting the virus. Should I protect my family by not volunteering, or should I use my training to help my community during this crisis?

Name Withheld

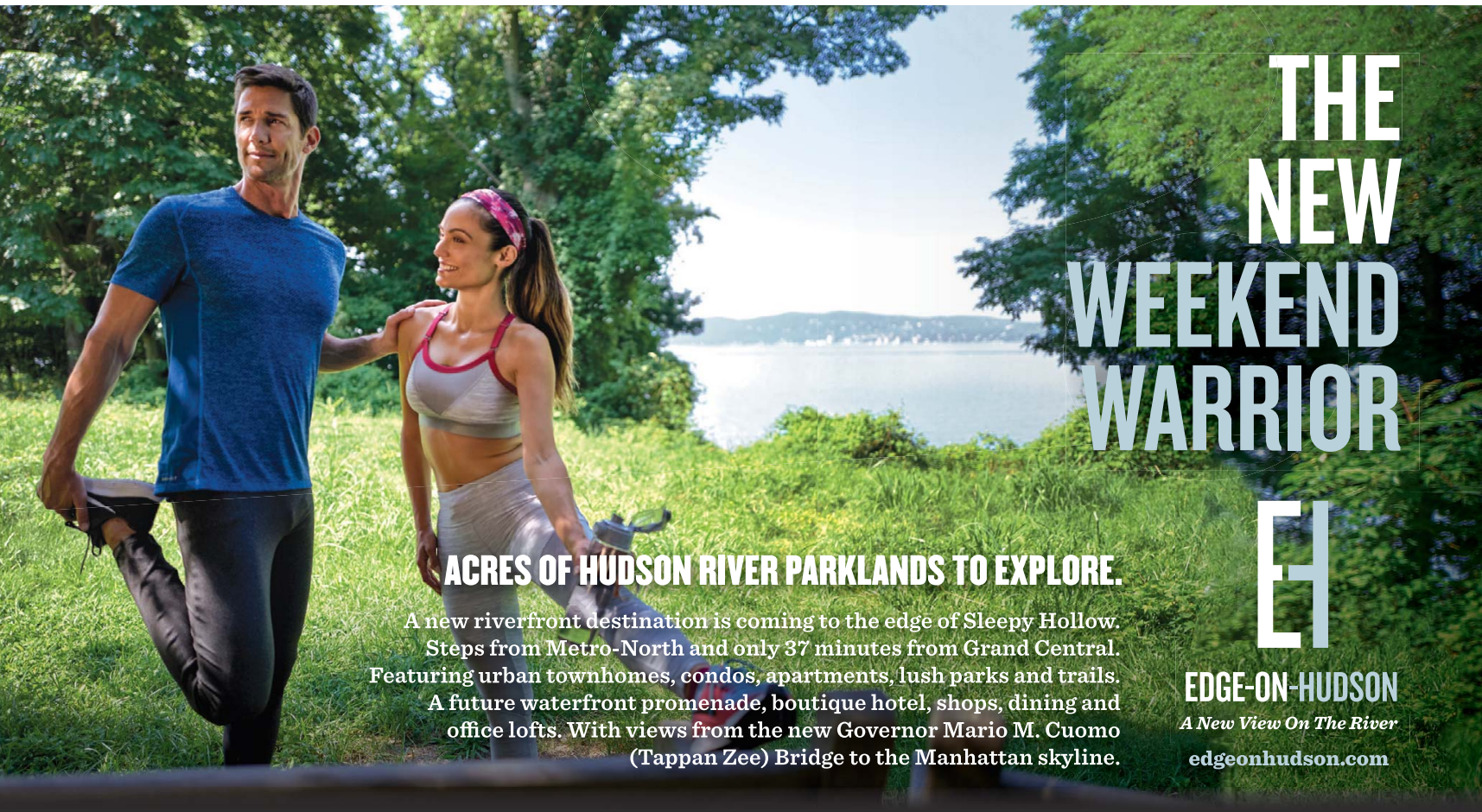
Early in April, an emergency alert on many New Yorkers' cellphones announced: "Attention all health care workers: New York City is seeking licensed health care workers to support health care facilities in need." The mayor suggested at the time that we needed an additional 45,000 of them to get through the crisis. The New York City Medical Reserve Corps, part of the city's Department of Health, has a "help now" button on the city's website that allows you to register with your qualifications. To be considered, though, you must not have any chronic health conditions, and you must be under 50. If you're about the same age as your husband, you're probably ineligible.

Suppose, though, that you weren't. What's reasonable to do in circumstances like yours depends on the details of your situation. How would your mother-in-law feel about moving into your apartment, for example, while you moved into hers? This would allow you to limit your contact with your family and permit you to see them in your own apartment only with the proper precautions — precautions that you, as a trained E.M.T., will be aware of and able to manage.

You can't get the risks to your family down to zero — that's true whether or not you sign up to be a volunteer E.M.T.

The general point is this: In balancing your duties to your family members against the value of contributing your skills to your community in a time of need, you need to consult with them about what risks and inconveniences they are willing to bear. You can't get the risks to your family down to zero — that's true whether or not you sign up to be a volunteer E.M.T. But keeping the risks as low as you can would be a group effort, not just an individual one. By the same token, if you were to sign up, it would be not just you but your whole family who would be helping to serve your city. ◆

Kwame Anthony Appiah *teaches philosophy at N.Y.U. His books include "Cosmopolitanism," "The Honor Code" and "The Lies That Bind: Rethinking Identity."*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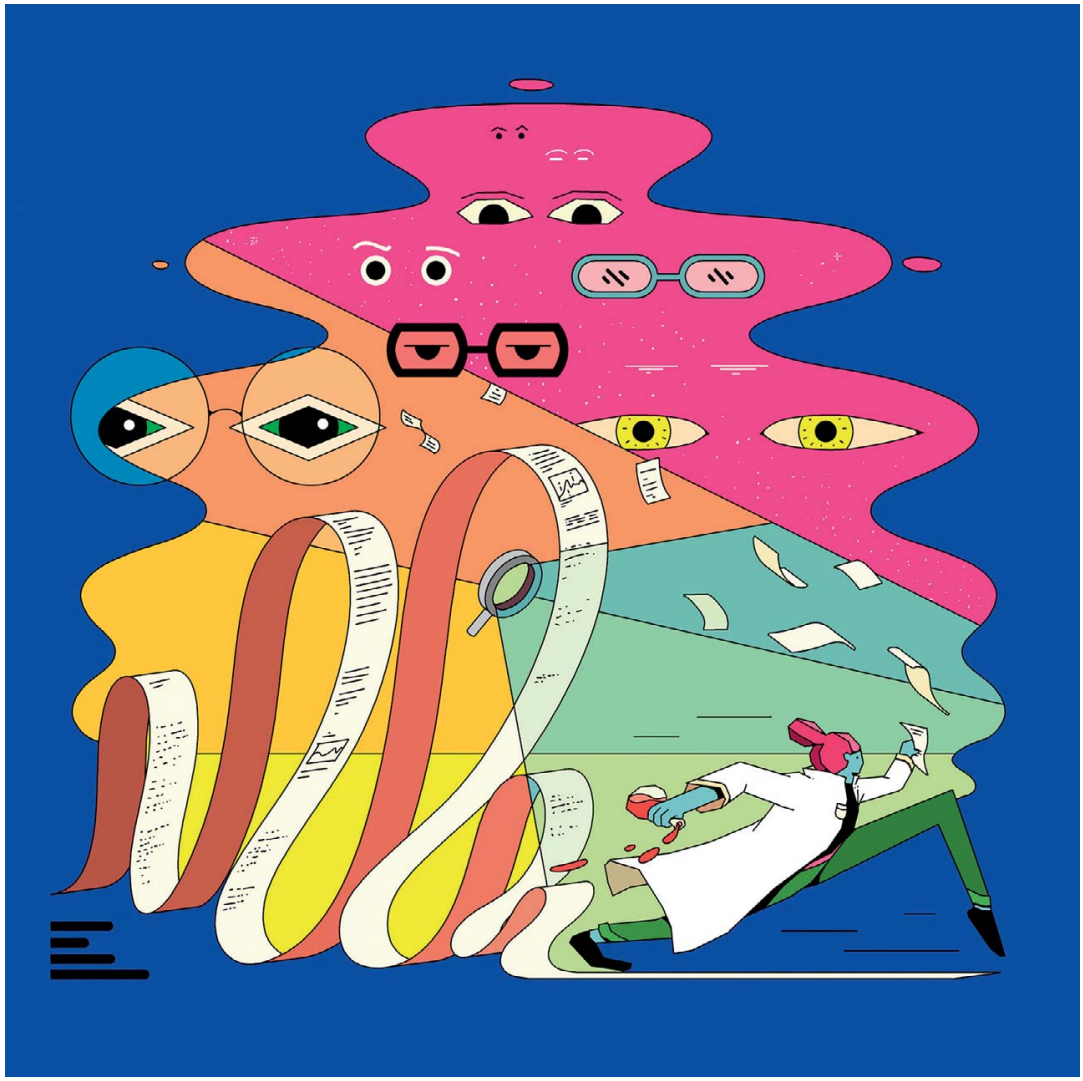
What does it mean for science — and public health — that scientific journals are now publishing coronavirus research at warp speed?



As scientists race to understand the coronavirus, the process of designing experiments, collecting data and submitting studies to journals for expert review is being compressed drastically. What typically takes many months is happening in weeks, even as some journals are receiving double their normal number of submissions. Science, one of the world's most selective research outlets, published the structure of the spiky protein that the virus uses to enter host cells — crucial knowledge for designing a vaccine and antiviral drugs — nine days after receiving it, according to Holden Thorp, the journal's editor in chief. "It's the same process going extremely fast," he says. Is there precedent in Science's 140-year history? "Not that anybody can remember."

For both experts and laypeople, being able to access dependable health advice has never felt more important, or challenging. The World Health Organization has described a "massive 'infodemic' — an overabundance of information, some accurate and some not — that makes it hard for people to find trustworthy sources and reliable guidance when they need it." Indeed, in recent weeks, new research has emerged that complicates such basic questions as who should wear face masks and when; what degree of physical separation is safe; and how the virus primarily spreads.

As a practice, science continuously interrogates and refines our understanding. "The answer is never so simple as 'Masks work or masks don't.' It's going to be 'Under what conditions do masks have an effect?' and 'How much of an effect do they have?' " says Brian Nosek, executive director of the Center for Open Science. "The questions that we want answers to are much more complicated than the evidence that we have at any one moment." The problem is that now we want those answers to be definitive and fast.

That demand for conclusiveness highlights longstanding tensions over the role of a scientific journal. Should it be an arbiter of facts or a generator of new ideas? A keeper of the historical record or a predictor of the future? A private channel for scientists to communicate with one another or a megaphone with which they can reach the public? Or all of the above? "I think this whole pandemic has very much changed our view of ourselves," said Richard Horton, the editor

Illustration by Ori Toor

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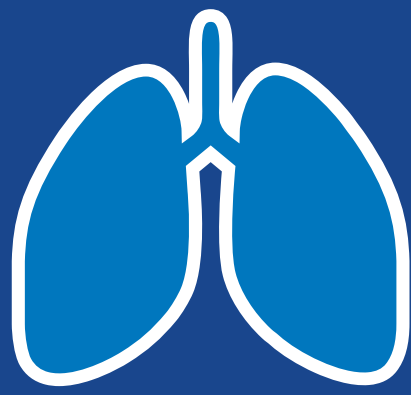

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in chief of the British medical journal The Lancet. "We feel very much that we are publishing research that is literally day by day guiding the national and global response to this virus. And that is both daunting and full of considerable responsibility, because if we make a mistake in judgment about what we publish, that could have a dangerous impact on the course of the pandemic."

The strength of traditional academic journals, compared with other means of broadcasting scientific knowledge, is that they have the expertise to interrogate the validity of highly specialized experimental methods and the accuracy of the resulting data — and also make the importance of new findings clearer in context. That means getting relevant experts to review papers, which is especially difficult when dealing with a novel pathogen. Many of those who have gained expertise in Covid-19 are also in the thick of trying to stop it. "What we can say with confidence is the best available evidence is what's coming through the journals," Nosek says. "But the best available evidence is far, far short of certainty," he adds — and the decisions that we make about the evidence have "to embrace the uncertainty."

To make potentially life-or-death research available as quickly as possible, many publishers of elite journals with hefty paywalls, including Science, The Lancet, JAMA and The New England Journal of Medicine, have made coronavirus content free online. Thorp says he and others have also encouraged researchers to post their submissions to so-called preprint servers, where anyone can access them, before review. "Then, we're not deciding whether the world should or should not have the information," he says. "What we're deciding is whether this is an important part of the scientific record that should have the endorsement of our peer-review process."

By definition, however, it's difficult to say whether a preprint is "reliable and dependable and true," says Peter Drotman, the editor in chief of Emerging Infectious Diseases, a journal published by, but editorially independent from, the Centers for Disease Control and Prevention. (It has always been open access.) On the other hand, researchers sharing preliminary work may be helping the scientific community as a whole collaborate more efficiently and effectively — for instance, by enabling researchers to rapidly confirm and build on one another's findings rather than unnecessarily duplicating experiments.

Scientific journals consider their audience to be other scientists, not the general public. But the scientific journal as we know it was actually born because of popular demand for information during a pandemic.

In the early 1820s, a smallpox outbreak struck Paris and other French cities. A new vaccine was in existence at the time, but reports varied about how effective it was. A powerful medical institution in Paris, the Académie de Médecine, gathered its members to discuss what advice it should issue to the nation. Historically, such meetings were held privately, but the French Revolution had ushered in a new era of government accountability, and journalists were allowed to attend. The scientific debate they relayed upset some members of the Académie, which had hoped to make a clear, unified statement, says Alex Csiszar, an associate professor of the history of science at Harvard University. In response, the Académie sought to regain control of its message by publishing its own weekly accounts of its discussions, which evolved into the academic journals we know today.

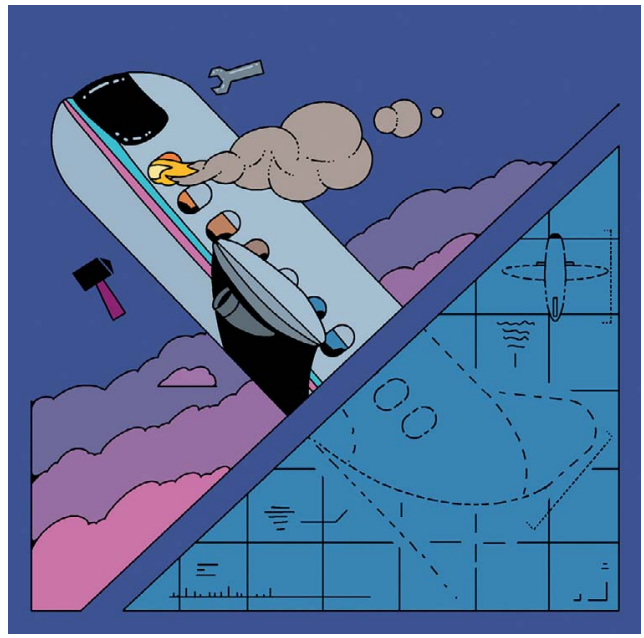
Now those same journals tend to be too specialized for general readers to grasp easily, making the concept of "open access," as far as the public is concerned, "more of an idea than a reality," Csiszar says. Nevertheless, the current pandemic has certainly increased both the readership of scientific journals and their citations in the press. Before January, the most-read article in Emerging Infectious Diseases, a 2006 study, had 20,000 views. The current most-viewed article, also from 2006, has more than 480,000 views: It gives instructions for making your own "simple respiratory mask" from a T-shirt.

What this sudden growth in scientific engagement will mean over the long term is an open question. Thorp worries about a backlash if people perceive scientists to have overpromised solutions to the pandemic. "It is difficult to share progress with adequate caveats about how long things might take or whether they will work at all," he wrote in a March editorial. "This is not just fixing a plane while it's flying — it's fixing a plane that's flying while its blueprints are still being drawn."

Then again, if government officials had heeded available science sooner, we might not be on that plane at all. On Jan. 31, The Lancet published a paper forecasting a global pandemic and asserting that "preparedness plans should be readied for deployment at short notice, including securing supply chains of pharmaceuticals, personal protective equipment, hospital supplies and the necessary human resources to deal with the consequences of a global outbreak of this magnitude." Britain's National Health Service "didn't take any of those actions," Horton has written. U.S. health agencies and the White House didn't, either.

None of that, of course, is within our individual control. So in addition to following public-health guidelines, how can nonscientists engage with studies, or news that cites studies, to help them protect their health? Checking sources is important: Heed information that comes from respected journals. But also remember that even the best peer-reviewed advice is likely to change — and change again. That's how science works, and now it's working faster than ever. If we put our faith in a single conclusion, it's easy to feel distressed when it's amended. If we trust the process, imperfect though it is, we're better prepared to change with it, which is the most we can hope to do. ◆

Kim Tingley
is a contributing writer for the magazine.



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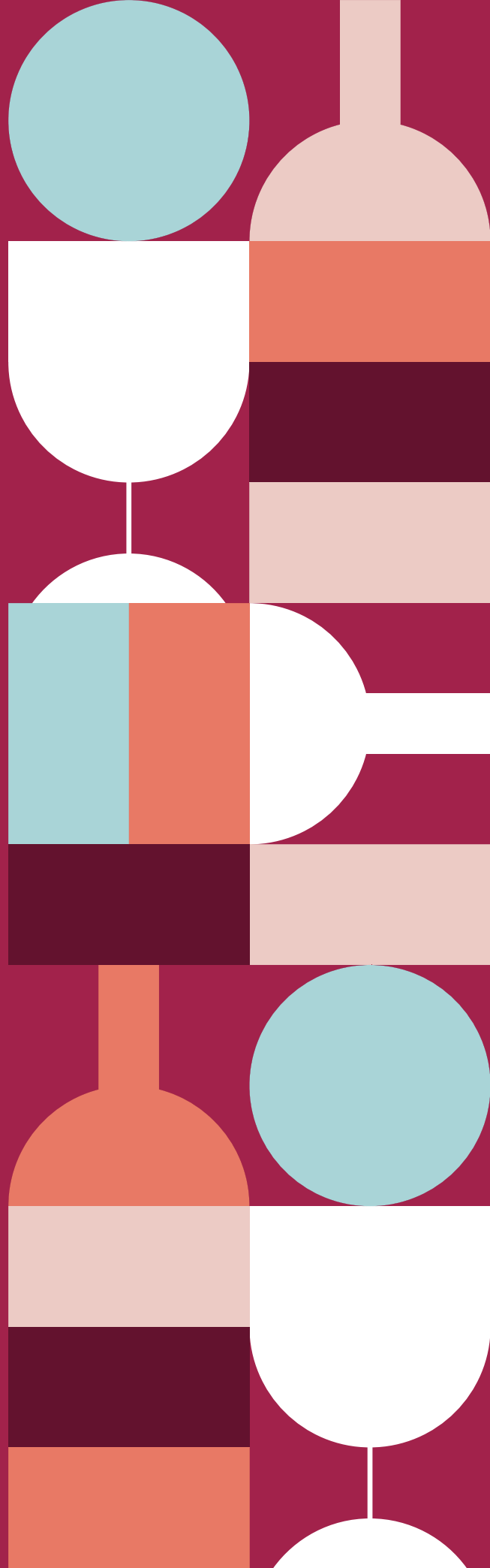

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Common Birds

By Nicholas Cannariato

A hummingbird photographed in Marin County, California, along the stretch of Highway 1 that overlooks Gull Rock.

Chimney Rock, on the eastern spur of the Point Reyes headlands in California, is well known for the elephant seals that congregate there. One afternoon, while walking down the path overlooking them, I saw a woman looking through a spotting scope on a tripod, directed out toward the water. It turned out she was watching seabirds. She told me she started bird-watching as she got older because she was analytically minded, loved numbers and words, but struggled with visual memory and acuity and wanted to strengthen those faculties. Having similar proclivities, I listened closely. Eventually, she asked me if I wanted to look.

Birds were the last thing on my mind that day. Like any vulgar American, I had been socialized to value the blockbuster, the high status: the elephant seals, the humpback whales spouting just offshore. But when she showed me this modest and compelling bird — one I'd seen many times before, with whitish-gray plumage and a black-capped head, now completely close up — I began to see things differently.

According to the National Park Service, there have been reports of nearly 500 different bird species at Point Reyes, making it the place of "greatest avian diversity in any U.S. national park." But birds are everywhere, and every day since I met my unwitting bird-watching mentor, I've been looking for them. There aren't any shortcuts to honing one's skills — it's just about having a good field guide, a good set of binoculars and patience. Sometimes

Photograph by Mark Mahaney

I have my binoculars in hand; other times I'm casually watching, observing birds' size, shape, color and patterns as they hop along by the subway station, twitter away under an awning or pick through the trash on the street. Watching birds is a rush, a challenge to slow down the present long enough to glimpse it in all its precise detail.

Last year I took a trip alone, deep in the Oregon Cascades, hiking far into the forested mountains and looking for birds. Eventually I saw a golden eagle, its six-foot wingspan soaring right past me, but I spent most of my time chasing one of the few consistent breaks in the silence: the persistent calls of what I later found to be the dark-eyed junco, a common type of sparrow that's often slate-gray or brown, with a whitish belly. I found the whole situation endearing: I set out into the sublime terrain of Oregon mountain and forest, only to have my time there dominated by this small, common bird.

Bird-watching is not always exhilarating — in fact, it can be largely mundane, a hobby of quiet precision and focus. Even common birds can sometimes be challenging to identify, especially for novices like me. (The sometimes subtle differences, for example, between female house sparrows and female house finches can still trip me up.) But the practice has sharpened my attention: Noticing compelling detail has become a feature of my daily life, even more so since I've begun to shelter in place. When I look out my window now, I notice details I wouldn't have before, like how herculean people seem, with looks of fixed determination as they haul home way more groceries than they'd normally carry, or how people walking their dogs will almost always slouch a little resignedly when they pause to let their dogs sniff around in something. Yesterday I was staring blankly out the window when I noticed the way the tops of the trees move in the wind looks almost as if they're silently gesturing to one another.

Birds have taught me to love what is small, what is delicate, what is elusive. I've learned that a truth is many details comprising what seems like a unified whole, and I'm more inclined now to immerse myself in the details for their own sake. In looking at common birds in my neighborhood, there's a refreshing variety in their sameness, a consistent challenge to discern what seems too normal to even notice after so many times noticing. Spotting rare and beautiful birds is thrilling, much like seeing elephant seals or whales. Yet common birds and their details can feel hard to see, because they're everywhere. Seeking these birds compels you to plumb your memory, to refine the past, to sift small details in service of the present. And those details anchor you, precluding temptations toward self-absorption, self-importance. Bird-watching, in short, is about taking in the most in the shortest span of time.

Bird-watching is not always exhilarating — in fact, it can be largely mundane.

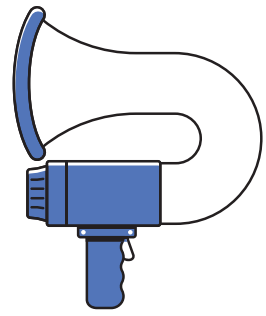
I remain sheltering in place, scared and saddened. Yet I've also been noticing details in my apartment I wouldn't have noticed before, like the impressive range of noises a radiator can make, or how the dust on my bookshelves is the exact same color as the increasing number of gray hairs on my head. There's reassurance in noticing these things, a sense of fleeting stability — even if the radiator, the dust and the gray hairs may stay around longer than most birds would. Through birds, I've learned to pay attention, and now, in isolation, to seek solace in the act of looking.

I've adapted my bird-watching practices too. I keep binoculars on the table of the front room of my third-floor apartment. Throughout my remote workday, I hear birds singing and calling, and I'll walk over to the windows to take a closer look. Recently, at dusk, a bird landed on a branch right outside one of the windows, peering in. It was hard to identify in the waning light, but it happened to just be a robin. Yet it stood there so still, so severe-seeming, with its chest puffed out. It looked like a guardian of something vital in the gathering dark. ◆

Nicholas Cannariato
is a writer and editor living in Chicago.

Tip By Malia Wollan

How to Talk to Yourself



"You can change your behavior by talking to yourself," says Judy L. Van Raalte, a professor of psychology and director of the athletic-counseling program at Springfield College, in Massachusetts. What sports psychologists call self-talk is one of the field's central tenets, which they divide into two types: spontaneous (called System 1) and intentional (System 2). Start by paying attention to what you're already telling yourself. Such System 1 self-talk can often be critical ("You suck at free throws"). Once you know what you're unconsciously saying, start exploring more deliberate self-talk.

Beware of what researchers call self-talk dissonance: If your existing self-talk is negative, don't try to overcompensate with overzealous, motivational monologues ("You're the best!"). Research suggests that people with low self-esteem who try to force positive self-talk can end up feeling worse. Instead, begin slowly, with what Van Raalte calls an experimental mind-set. Try commands ("Take a deep breath"). In a study of scuba divers, Van Raalte found that those who practiced instructional self-talk were significantly more focused and confident during certification than those who practiced motivational self-talk.

Pronouns matter. Studies have found that self-talk incorporating non-first-person pronouns (like the collective "we") can enhance athletic performance and the ability to regulate thoughts, feelings and behaviors. Don't blather. "Keep it simple," Van Raalte says. In athletes, an overreliance on cognitive processing can lead to worse outcomes, or "paralysis by analysis." Whether you talk aloud or covertly in your head is up to you; both methods serve similar self-regulatory functions.

Tennis players are notorious self-talkers, as are young children, who narrate their way through new skills and play. Nearly two decades ago, Van Raalte's toddler niece went down a slide, landed on her feet, pumped her arms overhead and yelled: "Yay, me!" If you're isolated, see what it feels like to say something comforting to yourself; offer gentle instruction, maybe even a little yelp of joy. "Try throwing in a 'Yay, me!' " Van Raalte says. "That might really help." ◆

Illustration by Radio

A Splurge That May Revive You: When you desperately need a break from beans, crab on toast is the answer.

Photograph and styling by Gentl and Hyers

These toasts make me feel as if I can live another day, as if vitamin D is coursing through me.

My wife and I, both restaurant chefs who have abruptly lost our jobs, have been living for more than a month soberly and devoutly conserving our resources. You could mistake us for back-to-the-land homesteaders. I gave her a haircut, and she sprouted the scallions on the windowsill. I've learned to make the cottony Kaiser rolls my kids love that we usually buy from the deli. She has rigged the dining-room maple table into a hacked Ping-Pong surface for our nightly tournament because even movie rentals for $4.99 seem irresponsible. So I hope it will make sense why, recently, I went out and spent $56 on a tub of fresh-picked crab meat.

It was flat-out reckless, but I did it. You know when you've just been so good for so long and then you're like, *I need a new pair of shoes*, and you impulsively go online and order a fresh pair of kicks — in three colors? It was like that. Outside, the daffodils and the dogwoods were exploding and we were desperate to emerge from our long hibernation, but instead we had to keep the windows closed and the television on. Maybe it was a fit of optimism, but more likely a belligerent, hissy-fit rejection of chickpeas on yet another unbearable day. I laid a bottle of Bisson rosé in the fridge, browned some butter and piled a whole pound of jumbo lump crab meat — that fresh, sweet, saline manna of the sea gods — onto slices of nutty, lemony, brown-butter toast, and boiled an entire bunch of asparagus to accompany it. We ate the light spring supper of our freaking dreams.

We are an uncommonly sturdy group around here, but there have been a couple of moments when one of us has felt as if there was no soldiering on. Followed immediately by defiance: Well, if this is going to be my end, then I am checking out on a blissful pound of fresh crab meat and leaving my utility bills unpaid! These toasts, though, made me feel as if I might live to see another day. As if a shot of vitamin D went coursing through my veins.

I can't escape my morbid thoughts — none of us can, or should — but then you have to make some decisions based on the long brooding. For me, a pound of fresh peekytoe crab meat is the way to go. If anyone else has reached the end of your legume-and-pantry-staples ropes, and you need a little devilish nudge, I'm your girl. Just make this!

Uncharacteristic for me — I'm usually the no-substitutions and do-exactly-as-I-say chef in these pages — I'm suggesting and even condoning alternatives to the $56-a-pound crab meat, which can be hard to find, even without a pandemic. This will also be delicious with the $35 can or tub of pasteurized crab meat you can sometimes find in the refrigerated case. You may well spot some claw-meat options there too, which cost even less. But stay out of the shelf-stabilized canned-fish aisle, where you'll see something called "crab meat." This whole rebellious enterprise is about bringing you back to life, not crushing your already-fragile soul. If it's imitation crab meat or nothing where you are, then I'd switch completely to smoked whitefish from the deli, or canned sardines and kippers.

But if you can swing it, you gently and barely mix together the sweet meat with a little spoonful of sour cream or crème fraîche. Don't use mayonnaise; it's a fat that obscures the tender, sweet crab flavor, whereas a blob of dairy — even a small dab of cream cheese or a splash of heavy cream — works in concert with the sweetness of the crab meat, amplifying it. No chives? Substitute with a minced shallot, or a super thinly sliced scallion; if you live in a rural setting, you know that the onion grass that tufts in the backyard is perfect for this. Go out back with a pair of scissors and cut a fistful.

We can all giggle together one day in the hopefully not-too-distant future at the fact that this usually rigid columnist was lavishly laissez-faire this one time. Meanwhile, I'll be eyeing the big jars of loose change we have around here, the ones we used to carelessly empty our pockets into at night, and imagining what we'd do with the dollar bills we'd have if we ventured out to a Coinstar machine that would gargle the coins in its mechanical throat, dreaming up another extravagance I might urge you to cook next.

Crab Toast

Time: 30 minutes

- ½ cup unsalted butter (1 stick)
- 1 whole egg plus 1 egg yolk
- 2 tablespoons plus 1 teaspoon fresh lemon juice
- Kosher salt
- ½ cup grapeseed oil
- 12 ounces crab meat
- 4 teaspoons extra-virgin olive oil
- 2 teaspoons finely minced chives
- 1 teaspoon crème fraîche, sour cream, heavy cream or half-and-half
- 4-6 slices *pane francese*, black pumpernickel or other rustic bread, toasted on both sides

1. In a small sauce pot, brown the butter over medium heat, swirling the pot, until the butter is caramel-colored and has a nutty fragrance, about 5 minutes. Transfer to a bowl, scraping up all the milk solids from the bottom and sides of the pot while the butter is still hot, and let cool to room temperature.

2. Place the egg and egg yolk, 2 tablespoons lemon juice, a healthy pinch of salt and 1 tablespoon cold water in the bowl of a food processor. With the processor running, slowly drizzle in the grapeseed oil. Once all the oil has been added, the mayonnaise should be loose yet emulsified. While the processor is still running, slowly drizzle in the brown butter and any toasted milk solids. Season to taste with salt, and set aside.

3. For the crab salad, gently and quickly mix crab meat, olive oil, chives, crème fraîche and remaining 1 teaspoon lemon juice together in a bowl. Season to taste with salt.

4. Schmear each piece of toasted bread with the brown butter mayonnaise evenly — as we like to say, "wall to wall." Divide the crab mixture among the four slices, piling it evenly on top.

Yield: 4 servings. ◆

What happens when the pandemic comes to a country mired in armed conflict?

Photographs by Kiana Hayeri

Text by Mujib Mashal

Opening pages:
A college student who tested positive for coronavirus at Shaidahe Hospital in the city of Herat.

Right:
Thousands of people returning from Iran arrive each day at a small immigration center in Herat Province, but it can accommodate only 300 at a time. While waiting to be processed, returnees use communal sinks outside the bathrooms. Farther along in the line, they are instructed on how to properly wash their hands and are told to avoid touching their face.

in March, 11,627 people crossed the Iranian border into the Afghan province of Herat. A sea of young men formed outside an immigration center that could accommodate only 300 people at a time. Some carried backpacks, others large sacks overstuffed with their belongings. One carried a child's bicycle, another a string instrument. One had just two blankets folded under his arm, another a canary in a cage. As the line slowly moved forward, some put down shawls to pray; others found rocks to rest on.

Most of the men were Afghans in their 20s. Their search for a better life in Iran had been abruptly thwarted by the coronavirus, returning them to a border that once took them days to cross in the other direction — squeezed into the beds of pickup trucks by smugglers who sped them through deserts at night, leaving some with bruises and others with broken body parts. The least fortunate were left in the desert to rot.

Now, as the men waited to be processed back into a war zone they had tried to escape, health care workers shouting through a megaphone instructed them in how to wash their hands. By the afternoon, the crowd grew impatient and started pushing and shoving to get into the offices where each person would be registered. The police, overwhelmed, responded with force, beating the returnees back into a line that wrapped around the building, zigzagged a couple of times and ended in a sprawling crowd.

Afghanistan shares more than 500 miles of border with Iran, much of it in western Herat Province, now the center of the country's coronavirus outbreak. For years, activity along the border has been a barometer of sorts, reflecting the state of Afghanistan as a whole. When the country gradually devolved into a narco state after the American-led coalition toppled the Taliban in 2001, eventually producing much of the world's opium, drug shipments were smuggled across the western border. Even low-level officials and commanders would return to Kabul after brief postings in border towns to build so-called poppy palaces in the city.

Later, as the war reached a hopeless stalemate and the United States began drawing down its troops after a decade of fighting, a new desperation gripped the Afghan people. The stability and prosperity that was promised with the American invasion evaporated. Hundreds of thousands of people rushed to leave. Many settled in Iran as illegal laborers, making barely enough money to survive and living under the constant threat of arrest — but at least safe from bombs. Others continued onward as far as Europe.

In February, however, the cross-border current reversed direction. A surge of suspected coronavirus infections in Iran started sparking fears of a major outbreak. Soon, the number of returnees arriving at the Herat immigration center doubled, then tripled its typical average of about 2,500. From Jan. 1 to April 11, nearly 243,000 people crossed back into Afghanistan from Iran, according to the International Organization for Migration.

Amid the economic crisis, the demand for Afghan day laborers, who work for lower wages than Iranians, dried up. Even under normal circumstances, they couldn't access health care without discrimination. Now they were hearing that the hospitals were overwhelmed. There

Reporting was contributed by Asadullah Timory, Najim Rahim, Zabihullah Ghazi, Fatima Faizi and Fahim Abed.

Photographs by Kiana Hayeri for The New York Times

Photograph by Kiana Hayeri for The New York Times

Returnees stop at a transit center in the city of Herat, run by nongovernmental organizations, before traveling on to their home provinces. Employees spray the facility with disinfectant twice a day.

were also rumors that the Iranian authorities were killing Afghans suspected of being infected with coronavirus.

So they came back to what was left of home: villages sometimes ripped apart by fighting between the Taliban and Afghan security forces, or simply impoverished because of a lack of government services — bringing the virus with them. The country's first few cases were detected in people who crossed the border. But quickly, these were outnumbered by others who had never left Afghanistan.

"People don't even want to say hello to us from 50 or 100 meters," said Khaled Sayedkhili, who returned to his village in Parwan Province in March with 14 members of his family. "Yesterday, a relative ran from me as if I was a suicide bomber."

EIGHT WEEKS after Afghanistan recorded its first Covid-19 case in Herat, the virus has spread to at least 30 of the country's 34 provinces and killed 30 people, according to official government numbers. But these figures almost certainly understate the virus's reach: Afghanistan does not have the capacity to conduct widespread testing, and it is averaging fewer than 100 tests a day. (The Ministry of Health in Poland, a country with a similar population, said it is conducting 16,000 tests a day.) Although the government has recorded less than 1,000 cases across the country, local officials in most places are working under the assumption that the virus is deeply embedded in their constituencies. In late March, Ferozuddin Feroz, Afghanistan's health minister, warned that unless stricter social-distancing

Top:
City employees in Herat disinfect the streets, but there is a shortage of solution and chemicals.

Bottom:
People arrive every day at a clinic in the city for a coronavirus test. Most are told to come back later because testing kits have run out.

measures were enforced, 16 million Afghans could be infected and 110,000 could die.

Provincial officials and health care workers, particularly in Herat Province, are preparing, with what little equipment and resources they have, not only for a situation when the death toll starts rising drastically but also for the economic ramifications of shuttered shops and closed government offices — outcomes that may tip a country already deeply impoverished, unstable and mired in conflict into a spiral from which it will not recover. "The war has been an economic blow," said Abdul Qayum Rahimi, who was governor of Herat Province from January 2019 until the first week of April, "but trade continues despite fighting. The factories continue; life continues. The virus, it stops everything."

Afghanistan isn't the only country in conflict made vulnerable by conditions that preceded the pandemic. In northwestern Syria, where a million people have sought refuge from the country's nine-year civil war, limited access to clean water for hand-washing means the virus has most likely swept through many displacement camps. Supplies are slow to arrive, and doctors estimate that more than 100,000 people could die. In Iraq, which borders Iran to the west, the government-imposed lockdown has ravaged the fragile economy — already depleted by plummeting oil prices and the country's three-year battle against the Islamic State. In many ways, the Afghan experience is a microcosm of the virus's reach into the most precarious parts of the developing world, where climate change, food shortages, violence and territorial disputes have created circumstances dangerously ideal for the rapid and uncontrollable spread of a disease. And in what could perhaps be an unprecedented moment in modern history, there may be no superpower left untouched that can afford to offer help.

The virus arrived in Afghanistan at a precarious moment, even by the standards of the country's turbulent history. The government is negotiating the terms of a peace deal with the Taliban that has already begun the departure of the remaining American troops, even as the insurgent group continues to attack Afghan forces. Over two weeks in late March and early April, the Taliban carried out more than 500 attacks across nine provinces, which were also among the worst hit by the infection.

Adding to the chaos is a disputed presidential election. In February, Afghanistan's election commission declared the incumbent, Ashraf Ghani, the winner of last September's vote, but his victory was challenged by Abdullah Abdullah, Ghani's longtime political rival. On the same day as Ghani's inauguration, Abdullah also took the presidential oath of office. Last month, the men failed to come to a compromise, so the U.S. State Department announced that it would cut $1 billion in aid to the government, which relies on foreign funding for 75 percent of its annual budget.

The virus now serves as a test of the Afghan government's competence without the United States as its benefactor, which Ghani has recognized as an opportunity to demonstrate his administration's ability to govern. But with a bureaucracy bogged down by political infighting, many of his efforts have come across as hollow and contradictory. (While his administration

Photographs by Kiana Hayeri for The New York Times

Photograph by Kiana Hayeri for The New York Times

Spare bed frames in the courtyard of Shaidahe Hospital. They were collected from other hospitals in and around the city in case the facility has to expand its capacity.

was calling off small gatherings to slow the spread of the virus, both he and Abdullah invited thousands of guests to their swearing-in ceremonies in tightly packed venues, more than two weeks after the first confirmed case.)

Ingrained long ago into the psyche of Afghanistan's leaders was an overreliance on the United States and its allies. The mission in the country has never had clear definitions of success or failure; the abundance of avoidable deaths among civilians and soldiers rarely brought consequences. Corrupt, complacent and dependent, that system now finds itself contending with a swift-moving infection at a time when its most relied-upon patrons are overwhelmed by the same pandemic and are finally growing weary of the mess they have perpetuated for nearly two decades.

Officials in Herat follow the news from the rest of the world; they can recite the latest death tolls in Italy, in Britain, in New York. The degree to which the coronavirus brought rich, technologically equipped Western powers to their knees left many of them in shock — a shock that has since been replaced by a fear of what the devastation will look like in a vastly less-prepared place like Afghanistan.

BY THE TIME Herat Province confirmed its first case of coronavirus on Feb. 22, thousands of people were entering the country at the border. Iranian officials were still claiming that the coronavirus would not be a problem for the country, and they were slow to contain the outbreak. Within two weeks, Iran's hospitals were overwhelmed with sick patients. Less than 100 miles south of Tehran, satellite

Top:
Each room in the women's ward at Shaidahe Hospital holds four to six women. Some have tested positive for the virus, and others are suspected to have it but are awaiting test results.

Bottom:
A radiologist using a portable X-ray machine to look at the lungs of a coronavirus patient. There are no functioning ventilators at the hospital, so the doctors must rely on oxygen tanks.

imaging showed mass graves newly dug for coronavirus victims. Home to roughly 80 million people, Iran became one of the world's earliest and worst outbreaks.

Ghani's administration, humiliated by the American aid cut, was eager to demonstrate Afghanistan's ability to prevent the virus's spread. "I don't need W.H.O. to come show my nation how to wash their hands," Amrullah Saleh, one of the country's two vice presidents, said in a local-television interview. His sentiment echoed that of Ghani, who has long described the United Nations agencies as inefficient. Despite the Public Health Ministry's dependence on nongovernmental organizations for even the most basic services, Ghani asked them to take a back seat on coronavirus efforts. Saleh went on to call Afghanistan's response to the virus "the role model of management in the third world."

But during a recent visit to the city of Herat, the capital of the province of the same name, which is home to 1.5 million people, local officials appeared to be managing very little. Many businesses were closed, but the streets were still jammed with people and cars. As one senior provincial official said, "We disrupted the economy but not the virus." The official estimated that there were 150,000 day laborers in the city who weren't working because of the lockdown and had no way to feed themselves or their families. People donated generously in the early days, but those donations slowed as the long-term economic impact on businesses became apparent.

Outside the main provincial hospital, which is situated in the center of the city, was a small clinic, where in early April doctors dressed in hazmat suits were seeing as many as 400 people a day who were trying to be tested. A loudspeaker repeated a simple message: Coronavirus is dangerous; wash your hands; keep your distance. Most people were turned away and told to come back later. "I was in contact with someone who turned out positive about two weeks ago," said 27-year-old Faiz Mohamad. He was among the three dozen people gathered at the clinic in the first hour it opened on a recent Saturday. He said he had a headache that wouldn't go away, and he was also coughing. "I have come here three times," he said, "and they have told me there are no kits and I should check back."

The doctor in charge of collecting samples for the tests, Mohamad Shah Alokozai, kept apologizing. He said the clinic already had a backlog of 360 swabs. Testing had stopped for 48 hours, and Alokozai said that while the W.H.O. sent a small batch of kits on a United Nations flight, they would sustain the lab for only a few days. "There are no kits," he told those showing up every day. "If I take your sample now, I would be misleading you."

Misinformation has added another layer of complexity to the city's coronavirus response. Early on, unproved remedies spread online; one claimed that drinking two cups of black tea would make you immune to the virus. Later, a widely circulated rumor held that if you died of the virus, the government would refuse to hand over your body to your family — or worse, would burn the corpse. People who were hospitalized started fleeing from health facilities. Shaidahe Hospital, a facility on the outskirts of

Photographs by Kiana Hayeri for The New York Times

Photograph by Kiana Hayeri for The New York Times

Cmdr. Hussain Ali Hashemi (center) and his police combat unit were called in to guard Shaidahe Hospital after dozens of patients fled. The facility has also been attacked by the Taliban.

the city dedicated to treating Covid-19 patients, brought in a police combat unit to guard the building after 38 people escaped in the first days it was open.

In early April, one patient there broke a window, climbed over the compound wall, clambered onto a waiting motorcycle and roared off into the warren of tents in a displacement camp across the street from the facility. A woman rushed out of the hospital to alert the small group of police guards. "Commander, sir, corona escaped!" she shouted. Eventually, the patient was returned after three officers chased him in an armored vehicle and a fourth officer on a motorcycle trailed him through the displacement camp and into a shop, where he tried to hide. They tackled him and took turns holding him down as they looked for handcuffs.

Inside the Shaidahe treatment center, which was a children's hospital before the outbreak, many of the rooms' walls were still covered in posters of newborn babies. The facility has 100 beds, with dozens more in reserve. Of the 68 patients at the center in early April, only 35 had tested positive. The rest, suspected of having the disease, sat around waiting — some as long as eight days — for their results. In the women's ward, female patients were confined four to six to a room, a mix of confirmed cases and those who still didn't have test results. They sipped tea and chatted from their beds, which were spaced about three feet apart. Dr. Asif Rahmani, a hospital manager, said the women were put together at the request of their families, so they wouldn't be lonely.

Rooming the patients together risked spreading the disease, but hospital workers were not faring much better at guarding against

Top:
The police unit rests in a makeshift room in a small building behind the hospital. The beds were once used by patients.

Bottom:
Sayed Abdul Wahid Qatali (right), the new governor of Herat Province and former mayor of the city of Herat, in his office with Obaidullah Noorzai, the province's police chief.

their own infection. They didn't have any N95 masks. An X-ray technician making the rounds of the positive patients' wards wore a simple surgical gown, his head bare. The hospital had about half a dozen ventilators, but none of them actually worked. The staff kept calling technicians to fix them, but they didn't show up. Health care workers don't know how they will handle an influx of patients if the virus continues to spread. "The president announced that if doctors die in the line of duty, their families will get death payments, like the martyrs of the security forces," one doctor said. "We don't want death payments. What we want is N95 masks and protective gear."

Though Ghani sent more than $5 million to Herat by mid-March for equipment and supplies, the provincial administration couldn't tap into it because the procurement process required extensive documentation and approval from the central government — bureaucratic measures that took weeks to relax. Beds, protective gear, ventilators and medications are among the supplies that have now been ordered, but it's unclear when hospitals will actually receive them. "A person might walk big, but we will only know their true strength when they face a challenge," said Rafiq Shaheer, a university lecturer and civil-society activist in Herat who is helping with the coronavirus response. "We faced the test, and the system didn't work."

As for a newly erected hospital that the government had rushed to complete in 18 days, it was impressive, from the tile floors to the slick automated doors. It even had V.I.P. rooms. But a week after Ghani's office declared that it was officially "delivered for use," the rooms had neither equipment nor patients. Local officials said they were unaware of a plan for how to staff the hospital with doctors and nurses.

The Taliban, who have refused a cease-fire that could help the government redirect resources toward coronavirus efforts, were quick to seize the opportunity offered by these official failures. In Nangarhar Province in eastern Afghanistan, local Taliban leaders gathered journalists, doctors and residents in a packed room of a clinic, with little space between those seated. There were some masks and gloves on the table. For the cameras, a medical worker, wearing a full protective suit, raised what looked like a thermometer gun to measure a person's temperature. On closer examination, it was simply a prop, made of plastic and wood, wrapped in white tape.

In early April, Ghani removed Herat's governor, Rahimi, without a clear reason and replaced him with his 33-year-old deputy national security adviser, Sayed Abdul Wahid Qatali. A former mayor, Qatali knew the city well. But when he arrived in Herat, he found a place ill equipped to handle any kind of widespread outbreak that health officials were predicting. In news conferences, his tone was desperate and his message clear: Herat lacked the resources to feed hundreds of thousands who faced hunger and poverty; the population wasn't taking the threat of the virus seriously. He had no qualms about warning of what was most likely coming.

"I am telling you, clearly," he said. "I am busy digging graves." ◆

Photographs by Kiana Hayeri for The New York Times

Forced to shutter my 20-year-old restaurant, I've been revisiting my original dreams for what it could be — and wondering if there will still be a place for it in the city to come.

THE KITCHEN IS CLOSED

By Gabrielle Hamilton
Photographs by Philip Montgomery

ON THE NIGHT

before I laid off all 30 of my employees, I dreamed that my two children had perished, buried alive in dirt, while I dug in the wrong place, just five feet away from where they were actually smothered. I turned and spotted the royal blue heel of my youngest's socked foot poking out of the black soil only after it was too late.

For 10 days, everyone in my orbit had been tilting one way one hour, the other the next. Ten days of being waterboarded by the news, by tweets, by friends, by my waiters. Of being inundated by texts from fellow chefs and managers — former employees, now at the helm of their own restaurants but still eager for guidance. Of gentle but nervous pleas from my operations manager to consider signing up with a third-party delivery service like Caviar. Of being rattled even by my own wife, Ashley, and her anxious compulsion to act, to reduce our restaurant's operating hours, to close at 9 p.m., cut shifts.

With no clear directive from any authority — public schools were still open — I spent those 10 days sorting through the conflicting chatter, trying to decide what to do. And now I understood abruptly: I would lay everybody off, even my wife. Prune, my Manhattan restaurant, would close at 11:59 p.m. on March 15. I had only one piece of unemotional data to work with: the checking-account balance. If I triaged the collected sales tax that was sitting in its own dedicated savings account and left unpaid the stack of vendor invoices, I could fully cover this one last week of payroll.

By the time of the all-staff meeting after brunch that day, I knew I was right. After a couple of weeks of watching the daily sales dwindle — a $12,141 Saturday to a $4,188 Monday to a $2,093 Thursday — it was a relief to decide to pull the parachute cord. I didn't want to have waited too long, didn't want to crash into the trees. Our sous chef FaceTimed in, as did our lead line cook, while nearly everyone else gathered in the dining room. I looked everybody in the eye and said, "I've decided not to wait to see what will happen; I encourage you to call first thing in the morning for unemployment, and you have a week's paycheck from me coming."

After the meeting, there was some directionless shuffling. Should we collect our things? Grab our knives? Stay and have a drink? There was still one last dinner, so four of us — Ashley and I; our general manager, Anna; and Jake, a beloved line cook — worked the last shift at Prune for who knows how long. Some staff members remained behind to eat with one another, spending their money in house. As word trickled out, some long-ago alumnae reached out to place orders for meals they would never eat. From Lauren Kois, who waited tables at Prune all through her Ph.D. program and is now an assistant professor of psychology at the University of Alabama:

2 dark and stormies
shrimp w anchovy
fried oysters (we're pretending it's a special tonight)

Leo Steen Jurassic Chenin Blanc
skate wing
treviso salad
potatoes in duck fat
brothy beans

breton butter cake
2 black coffees

+ 50 percent TIP

Ashley worked the grill station and cold appetizers, while also bartending and expediting. Anna waited and hosted and answered the phone. Jake worked all 10 burners alone. I was in a yellow apron handling the dish pit, clearing the tables and running bus tubs, and I broke into tears for a second when I learned of Kois's order. The word "family" is thrown around in restaurants for good reason. We banked $1,144 in total sales.

As our staff left that night, we waved across the room to one another with a strange mixture of longing and eye-rolling, still in the self-conscious phase of having to act so distant from one another, all of us still so unaware of what was coming. Then, as I was running a last tray of glassware before mopping the floors, Ashley leaned over to announce: "Hey, he just called it. De Blasio. It's a shutdown. You beat it by five hours, babe."

The next day, a Monday, Ashley started assembling 30 boxes of survival-food kits for the staff. She packed Ziploc bags of nuts, rice, pasta, cans of curry paste and cartons of eggs, while music played from her cellphone tucked into a plastic quart container — an old line-cook trick for amplifying sound. I texted a clip of her mini-operation to José Andrés, who called immediately with encouragement: We will win this together! We feed the world one plate at a time!

Ashley had placed a last large order from our wholesaler: jarred peanut butter, canned tuna, coconut milk and other unlikely items that had never appeared on our order history. And our account rep, Marie Elena Corrao — we met when I was her first account 20 years ago; she came to our wedding in 2016 — put the order through without even clearing her throat, sending the truck to a now-shuttered business. She knew as well as we did that it would be a long while before the bill was paid. Leo, from the family-owned butchery we've used for 20

years, Pino's Prime Meat Market, called not to diplomatically inquire about our plans but to immediately offer tangibles: "What meats do you ladies need for the home?" He offered this even though he knew that there were 30 days' worth of his invoices in a pile on my desk, totaling thousands of dollars. And all day a string of neighborhood regulars passed by on the sidewalk outside and made heart hands at us through the locked French doors.

It turned out that abruptly closing a restaurant is a weeklong, full-time job. I was bombarded with an astonishing volume of texts. The phone rang throughout the day, overwhelmingly well-wishers and regretful cancellations, but there was a woman who apparently hadn't followed the coronavirus news. She cut me off in the middle of my greeting with, "Yeah, you guys open for brunch?" Then she hung up before I could even finish saying, "Take care out there."

Ashley spent almost three days packing the freezers, sorting the perishables in the walk-in into categories like "Today would be good!" or "This will be good for the long haul!" We tried burying par-cooked chickens under a tight seal of duck fat to see if we could keep them perfectly preserved in their airtight coffins. She pickled the beets and the brussels sprouts, churned quarts of heavy cream into butter.

I imagined I would tackle my other problems quickly. I emailed my banker. For sales taxes, liquor invoices and impending rent, I hoped to apply for a modest line of credit to float me through this crisis. I thought having run $2.5 million to $3 million through my bank each year for the past two decades would leave me poised to see a line of credit quickly, but then I remembered that I switched banks in the past year. Everyone in my industry encouraged me to apply for an S.B.A. disaster loan — I estimated we wouldn't need much; for 14 days, $50,000 — so I sent in my query.

In the meantime, I made a phone call to Ken, my insurance broker of 20 years, who explained — in his patient, technical, my-hands-are-tied voice — that this coronavirus business interruption wouldn't likely be covered. He intended to file for damages, as he would if this shutdown had been mandated because of a nearby flood or a fire, but he doubted I would get any money. That afternoon, I saw the courtesy email from our workers'-comp carrier that the next installment of our payment plan would be drafted automatically from our bank in six days.

Knowing the balance, I snorted to myself: *Good luck with that.* I called Ken about this, and he got them to postpone the draw.

And then, finally, three weeks of adrenaline drained from me. I checked all the pilot lights and took out the garbage; I stopped swimming so hard against the mighty current and let it carry me out. I had spent 20 years in this place, beginning when I was a grad student fresh out of school, through marriage and children and divorce and remarriage, with funerals and first dates in between; I knew its walls and light switches and faucets as well I knew my own body. It was dark outside when Ashley and I finally rolled down the gates and walked home.

Work shoes that employees wore during their shifts, left behind after Prune's abrupt closure.

PRUNE IS A CRAMPED and lively bistro in Manhattan's East Village, with a devoted following and a tight-knit crew. I opened it in 1999. It has only 14 tables, which are jammed in so close together that not infrequently you put down your glass of wine to take a bite of your food and realize it's on your neighbor's table. Many friendships have started this way.

What was I imagining 20 years ago when I was working all day, every day at a catering job while staying up all night every night, writing menus and sketching the plating of dishes, scrubbing

Photograph by Philip Montgomery for The New York Times

the walls and painting the butter-yellow trim inside what would become Prune? I'd seen the padlocked space, formerly a failed French bistro, when it was decrepit: cockroaches crawling over the sticky Pernod bottles behind the bar and rat droppings carpeting the floors. But even in that moment, gasping for air through the T-shirt I had pulled up over my mouth, I could see vividly what it could become, the intimate dinner party I would throw every night in this charming, quirky space. I was already lighting the candles and filling the jelly jars with wine. I would cook there much the way I cooked at home: whole roasted veal breast and torn lettuces in a well-oiled wooden bowl, a ripe cheese after dinner, none of the aggressively "conceptual" or architectural food then trendy among aspirational chefs but also none of the roulades and miniaturized bites I'd been cranking out as a freelancer in catering kitchens.

At that point New York didn't have an ambitious and exciting restaurant on every block, in every unlikely neighborhood, operating out of impossibly narrow spaces. There was no Eater, no Instagram, no hipster Brooklyn food scene. If you wanted something expert to eat, you dined in Manhattan. For fine dining, with plush armchairs and a captain who ran your table wearing an Armani suit, you went uptown; for the buzzy American brasserie with bentwood cane-backed chairs and waiters in long white aprons, you stayed downtown. There was no serious restaurant that would allow a waiter to wear a flannel shirt or hire a sommelier with face piercings and neck tattoos. The East Village had Polish and Ukrainian diners, falafel stands, pizza parlors, dive bars and vegetarian cafes. There was only one notable noodle spot. Momofuku opened five years after Prune.

I meant to create a restaurant that would serve as delicious and interesting food as the serious restaurants elsewhere in the city but in a setting that would welcome, and not intimidate, my ragtag friends and my neighbors — all the East Village painters and poets, the butches and the queens, the saxophone player on the sixth floor of my tenement building, the performance artists doing their brave naked work up the street at P.S. 122. I wanted a place you could go after work or on your day off if you had only a line cook's paycheck but also a line cook's palate. And I thought it might be a more stable way to earn a living than the scramble of freelancing I'd done up until then.

Like most chefs who own these small restaurants that have now proliferated across the whole city, I've been driven by the sensory, the human, the poetic and the profane — not by money or a thirst to expand. Even after seven nights a week for two decades, I am still stopped in my tracks every time my bartenders snap those metal lids onto the cocktail shakers and start rattling the ice like maracas. I still close my eyes for a second, taking a deep inhale, every time the salted pistachios are set afire with raki, sending their anise scent through the dining room. I still thrill when the four-top at Table 9 are talking to one another so contentedly that they don't notice they are the last diners, lingering in the cocoon of the wine and the few shards of dark chocolate we've put down with their check. Even though I can't quite take part in it myself — I'm the boss, who must remain a little aloof from the crew — I still quietly thrum with satisfaction when the "kids" are chattering away and hugging one another their hellos and how-are-yous in the hallway as they get ready for their shifts.

But the very first time you cut a payroll check, you understand quite bluntly that, poetic notions aside, you are running a business. And that crew of knuckleheads you adore are counting on you for their livelihood. In the beginning I was closed on Mondays, ran only six dinner shifts and paid myself $425 a week. I got a very positive review in The New York Times, and thereafter we were packed. When I added a seventh dinner in 2000, I was able to hire a full-time sous chef.

AND GOD, THE BRUNCH, THE BRUNCH. THE PHONE HAULED OUT FOR EVERY SINGLE PANCAKE AND EVERY SINGLE BLOODY MARY TO BE PHOTOGRAPHED AND INSTAGRAMMED.

When I added weekend brunch, which started as a dreamy idea, not a business plan, it wound up being popular enough to let me buy out all six of the original investors. I turned 43 in 2008 and finally became the majority owner of my restaurant. I made my last student-loan payment and started paying myself $800 a week. A few years later, when I added lunch service on weekdays, it was a business decision, not a dream, because I needed to be able to afford health insurance for my staff, and I knew I could make an excellent burger. So suddenly, there we were: 14 services, seven days a week, 30 employees. It was a thrilling and exhausting first 10 years with great momentum.

But Prune at 20 is a different and reduced quantity, now that there are no more services to add and costs keep going up. It just barely banks about exactly what it needs each week to cover its expenses. I've joked for years that I'm in the nonprofit sector, but that has been more direly true for several years now. This past summer, at 53, in spite of having four James Beard Awards on the wall, an Emmy on the shelf from our PBS program and a best-selling book that has been translated into six languages, I found myself flat on my stomach on the kitchen floor in a painter's paper coverall suit, maneuvering a garden hose rigged up to the faucet. I'd poured bleach and Palmolive and degreaser behind the range and the reach-ins, trying to blast out the deep, dark, unreachable corner of the sauté station where lost egg shells, mussels, green scrubbies, hollow marrow bones, tasting spoons and cake testers, tongs and the occasional sizzle plate all get trapped and forgotten during service.

There used to be enough extra money every year that I could close for 10 days in July to repaint and retile and rewire, but it has become increasingly impossible to leave even a few days of revenue on the table or to justify the expense of hiring a professional cleaning service for this deep clean that I am perfectly capable of doing myself, so I stayed late and did it after service. The sludge of egg yolk seeped through the coverall, through my clothes to my skin, matted my hair and speckled my goggles as my shock registered: It has always been hard, but when did it get *this* hard?

TWO WEEKS AFTER we closed, Ashley still had not got through to unemployment, and I had been thrice-thwarted by the auto-fill feature of the electronic form of the loan I was urged to apply for. I could start to see that things I had thought would be quick and uncomplicated would instead be steep and unyielding. No one was going to rescue me. I went into the empty restaurant for a bit each day to push back against the entropy — a light bulb had died, a small freezer needed to be unplugged and restarted. Eleven envelopes arrived, bearing the unemployment notices from the New York State Department of Labor. The next stack of five arrived a week later. And then another six.

The line of credit I thought would be so easy to acquire turned out to be one long week of harsh busy signals before I was even able to apply on March 25. I was turned down a week later, on April 1, because of "inadequate business and personal cash flow." I howled with laughter over the phone at the underwriter and his explanation. Everything was uphill. Twenty-one days after we closed, Ashley still hadn't been able to reach unemployment. They now had a new system to

handle the overload of calls: You call based on the first letter of your last name, and her next possible day would be a Thursday. If she didn't get through, she would have to wait until the next day allotted for all the M's of the city.

Links to low-interest S.B.A. disaster loans were circulated, but New York City wasn't showing up on the list of eligible zones. I emailed my accountant: This is weird? She wrote back with a sarcastic smiley emoticon: *I believe it will be updated. It's the government — they are only fast when they are collecting your taxes.* The James Beard Foundation kicked into high gear and announced meaningful grants of up to $15,000 and with an application period that was supposed to last from March 30 to April 3, but within hours of opening, it was overwhelmed with applications and it had to stop accepting more.

Ashley texted me from home that our dog was limping severely. This was the scenario that made me sweat: a medical emergency. We could live for a month on what was in the freezer, and I had a credit card that still had a $13,000 spending limit, but what if we got hurt somehow and needed serious medical care? Neither of us was insured. My kids are covered under their father's policy, but there was no safety net for us. Among us chefs, there have been a hundred jokes over the decades about our medical (and veterinary) backup plans — given our latex gloves and razor-sharp knives and our spotless stainless-steel prep tables — but my sense of humor at that moment had become hard to summon.

Meanwhile, my inbox was loaded with emails from everyone I've ever known, all wanting to check in, as well as from colleagues around the country who were only now comprehending the scope of the impact on New York's restaurants. Hastily, fellow chefs and restaurant owners were forming groups, circulating petitions, quickly knitting coalitions for restaurant workers and suppliers and farmers. There were surveys to fill out, representatives to call, letters to sign. Some were turning their restaurants into meal kitchens to feed hospital workers. There was a relief bill before Congress that we were all urgently asked to support, but it puzzlingly left out small, independent restaurants even as it came through pretty nicely for huge chains and franchises. The other option, the Paycheck Protection Program, would grant you a loan with forgiveness, I learned, but only if you rehire your laid-off staff before the end of June. With no lifting of the mandatory shuttering and the Covid-19 death tolls still mounting, how could we rehire our staff? I couldn't really use the loan for what I needed: rent for the foreseeable future and the stack of invoices still haunting me in the office.

And right when I started to feel backed against the ropes, I got a group email from a few concerned former Prune managers who eagerly offered to start a GoFundMe for Prune, inadvertently putting another obstacle in front of me: my own dignity. I sat on the email for a few days, roiling in a whole new paralysis of indecision. There were individual campaigns being run all over town to raise money to help restaurant staffs, but when I tried to imagine joining this trend, I couldn't overcome my pride at being seen as asking for a handout. It felt like a popularity contest or a survival-of-the-most-well-connected that I couldn't bring myself to enter. It would make me feel terrible if Prune was nicely funded while the Sikhs at the Punjabi Grocery and Deli down the street were ignored, and simultaneously crushed if it wasn't. I also couldn't quite imagine the ethical calculus by which I would distribute such funds: Should I split them equally, even though one of my workers is a 21-year-old who already owns his own apartment in Manhattan, while another lives with his unemployed wife and their two children in a rental in the Bronx? I thanked my former managers but turned them down: I had repeatedly checked in with my staff, and everybody was OK for now.

It would be nigh impossible for me, in the context of a pandemic, to argue for the necessity of my existence. Do my sweetbreads and my Parmesan omelet count as essential at this time? In economic terms, I don't think I could even argue that Prune matters anymore, in a neighborhood and a city now fully saturated with restaurants much like mine, many of them better than mine — some of which have expanded to employ as many as 100 people, not just cooks and servers and bartenders but also human-resource directors and cookbook ghostwriters.

I am not going to suddenly start arguing the merits of my restaurant as a vital part of an "industry" or that I help to make up 2 percent of the U.S. gross domestic product or that I should be helped out by our government because I am one of those who employ nearly 12 million Americans in the work force. But those seem to be the only persuasive terms — with my banks, my insurers, my industry lobbyists and legislators. I have to hope, though, that we matter in some other alternative economy; that we are still a thread in the fabric that might unravel if you yanked us from the weave.

EVERYBODY'S SAYING that restaurants won't make it back, that we won't survive. I imagine this is at least partly true: Not all of us will make it, and not all of us will perish. But I can't easily discern the determining factors, even though thinking about which restaurants will survive — and why — has become an obsession these past weeks. What delusional mind-set am I in that I just do not feel that this is the end, that I find myself convinced that this is only a pause, if I want it to be? I don't carry investor debt; my vendors trust me; if my building's co-op evicted me, they would have a beast of a time getting a new tenant to replace me.

But I know few of us will come back as we were. And that doesn't seem to me like a bad thing at all; perhaps it will be a chance for a correction, as my friend, the chef Alex Raij, calls it.

The conversation about how restaurants will continue to operate, given the rising costs of running them has been ramping up for years now; the coronavirus did not suddenly shine light on an unknown fragility. We've all known, and for a rather long time. The past five or six years have been alarming. For restaurants, coronavirus-mandated closures are like the oral surgery or appendectomy you suddenly face while you are uninsured. These closures will take out the weakest and the most vulnerable. But exactly who among us are the weakest and most vulnerable is not obvious.

Since Prune opened in the East Village, the neighborhood has changed tremendously in ways that reflect, with exquisite perfection, the restaurant scene as a whole. Within a 10-block radius of my front door, we have the more-than-100-year-old institutions Russ & Daughters and Katz's Delicatessen. We have hole-in-the-wall falafel, bubble tea and dumpling houses, and there's a steakhouse whose chef also operates a restaurant in Miami. There's everyday sushi and rare, wildly expensive omakase sushi, as well as Japanese home cooking, udon specialists and soba shops. There's a woman-owned and woman-run restaurant with an economic-justice mission that has eliminated tipping. Bobby Flay, perhaps the most famous chef on the Food Network, has an 125-seater two avenues over. We have farm-to-table concepts every three blocks, a handful of major James Beard Award winners and a dozen more shortlisted nominees and an impressive showing of New York Times one- and two-star earners, including Madame Vo, a knockout Vietnamese restaurant just a few years old. Marco Canora, who started the country's migration from regular old broth to what is now known by the name of his shop, Brodo, has published a couple of cookbooks and done a healthy bit of television in the course of his career. He still runs his only restaurant, 17-year-old Hearth, on First Avenue.

But block after block, for so many years now, there are storefronts where restaurants turn over so quickly that I don't even register their names. If Covid-19 is the death of restaurants in New York, will we be able to tell which restaurants went belly up because of the virus? Or will they be the same ones that would have failed within 16 months of opening anyway, from lack of wherewithal or experience? When we are sorting through the restaurant obituaries, will we know for sure that it was not because the weary veteran chef decided, as I have often been tempted myself in these weeks, to quietly walk out the open back door of a building that has been burning for a long time?

It gets so confusing. Restaurant operators had already become *(Continued on Page 61)*

HOW TO STOP THE NEXT PANDEMIC

Some scientists believe that with enough funding, they could pre-emptively build vaccines and drugs to fight a whole range of possible viruses.

By JENNIFER KAHN *Illustrations by* TIM ENTHOVEN

ON

a cold morning in February 2018, a group of 30 microbiologists, zoologists and public-health experts from around the world met at the headquarters of the World Health Organization in Geneva. The group was established by the W.H.O. in 2015 to create a priority list of dangerous viruses — specifically, those for which no vaccines or drugs were already in development. The consensus, at least among those in the room, was that as populations and global travel continued to grow and development increasingly pushed into wild areas, it was almost inevitable that once-containable local outbreaks, like SARS or Ebola, could become global disasters.

"The meeting was in a big room, with all the tables arranged around the edge, facing each other," one of the group's members, Peter Daszak, recalled recently. "It was a very formal process. Each person was asked to present the case for including a particular disease on the list of top threats. And everything you say is being taken down, and checked factually, and recorded."

Daszak, who directs the pandemic-prevention group EcoHealth Alliance and is also chairman of the Forum on Microbial Threats at the National Academy of Sciences, Engineering and Medicine, had been given the task of presenting on SARS, a lethal coronavirus that killed roughly 800 people after it emerged in 2002. (SARS stands for Severe Acute Respiratory Syndrome and is officially known as SARS-CoV-1.) "We'd done a lot of research on coronaviruses, so we knew they were a clear and present danger," he told me. "High mortality, no drugs or vaccines in the pipeline, with new variants that could still be emerging."

The discussion, he said, was intense. "Everyone else in the room knows the facts already — they've read all the research," Daszak said. But for each pathogen, the speaker had to convince the room that it presented a significant threat — "that this disease really could take off, and that we should concentrate on it rather than on Lassa fever or something else. So, you argue the case, and then people vote. And sometimes it gets quite heated. I remember that monkey pox was an issue, because there are outbreaks, but there's really nothing we can do about them. It was a really rigorous, really excellent debate — and then afterward, we went and had fondue."

The final list — which did contain SARS and MERS, along with seven other respiratory, hemorrhagic or otherwise-lethal viruses — also included something the W.H.O. dubbed "Disease X": a stand-in for all the unknown pathogens, or devastating variations on existing pathogens, that had yet to emerge. Daszak describes Covid-19, the disease caused by the virus SARS-CoV-2, as exactly the kind of threat that Disease X was meant to represent: a novel, highly infectious coronavirus, with a high mortality rate, and no existing treatment or prevention. "The problem isn't that prevention was impossible," Daszak told me. "It was very possible. But we didn't do it. Governments thought it was too expensive. Pharmaceutical companies operate for profit." And the W.H.O., for the most part, had neither the funding nor the power to enforce the large-scale global collaboration necessary to combat it.

As Covid-19 has spread around the world, overwhelming hospitals and even mortuaries, there has been widespread consternation over how we could have been caught so flat-footed by a virus. Given all the shining advances of high-tech medicine — computer-controlled surgery, unprecedented immunotherapies, artificial-intelligence programs for assessing heart-disease risk — this failure feels utterly baffling. How could the entire world remain so powerless? More important, what could be different next time?

According to some infectious-disease experts, the scientific tools already exist to create a kind of viral-defense department — one that would allow us to pursue a broad range of vital global projects, from developing vaccines and drugs that work against a wide range of pathogens to monitoring disease hot spots and identifying potential high-risk viruses, both known and unknown. What's lacking is resources. "We really did miss the wake-up call," Daszak says. "The alarm went off with SARS, and we hit the snooze button. And then we hit it again with Ebola, with MERS, with Zika. Now that we're awake, we should think about where to go from here."

IN LATE MARCH, Vincent Racaniello, host of the podcast "This Week in Virology" and a professor at Columbia University, conducted an interview with the pediatric infectious-disease expert Mark Denison. Denison, who teaches at Vanderbilt University Medical Center, led a team that developed one of the most promising current treatments for Covid-19: the drug remdesivir, currently being tested by the pharmaceutical company Gilead Sciences.

On the show, Denison noted that because it is almost impossible to predict which virus might cause the next pandemic, researchers had long argued that it was essential to design panviral drugs and vaccines that would be effective against a wide range of strains: all types of influenza, for instance, or a substantial group of coronaviruses rather than just one. When his lab was first applying for a grant to study remdesivir, Denison recalled, that was already the goal. "We don't want to work with a compound unless it inhibits every coronavirus we test," Denison said. "Because we're worried about MERS, we're worried about SARS-1, but they're not really our problem. The *future* is the problem."

Panviral drugs — ones that work broadly within or across virus families — are harder to make than broad-spectrum antibiotics, largely because viruses work by hijacking the machinery of our cells, harnessing their key functions in order to replicate. A drug that blocks one of those functions (e.g., the production of a particular protein) is often also disrupting something that our own cells need to survive. Researchers have begun to find ways around that problem, in part by refining which process a drug targets. But they've also begun to test existing drugs against a wider array of viruses. It was in just such a follow-up screen that Gilead discovered that remdesivir, originally developed to treat hepatitis C and later tried against Ebola, might be effective against coronaviruses. (Favipiravir, an influenza drug developed in Japan, is another broad-spectrum candidate.) The reason drugs sometimes work in extremely different diseases — in, say, Ebola and coronaviruses and flu — is that they block some common mechanism. Remdesivir and favipiravir, for instance, each mimics a key building block in a virus's RNA, which, when inserted, keeps the virus from replicating. "It's definitely possible to make a drug that would work across a good range of coronaviruses," Racaniello says. "We honestly should have had one long ago, since SARS in 2003. It would have taken care of this outbreak in China before it got out. And the only reason we didn't is because there wasn't enough financial backing."

Panviral vaccines are also becoming a real possibility. In recent years, a number of prospective universal flu vaccines have been developed that

Illustrations by Tim Enthoven

work by targeting not the virus's globular head, which mutates easily, but its stalk, which barely mutates at all. (As Daszak noted, if this outbreak had been a flu rather than a coronavirus, we'd be in much better shape.) Another new approach, mRNA vaccines, works by exploiting messenger RNA — a kind of courier that communicates the genetic instructions for making proteins — to drive an immune response. The advantages of mRNA vaccines are potentially enormous, in part because they can be made very quickly (one month instead of six for a known strain; two to three months for a novel virus) but also because they can be made on a vast scale (billions of doses, compared with the 100,000 doses that were needed for the Ebola epidemic). They're extremely adaptable too: If a researcher can develop a platform that works with this coronavirus, it's easy to redesign it for the next one. (One mRNA start-up, Moderna, set a drug-industry record by creating a prospective Covid-19 vaccine, mRNA-1273, in just 42 days, using the virus's genetic sequence. The drug is currently in Phase 1 clinical trials to be safety-tested on healthy volunteers.) And while no mRNA vaccines have yet received F.D.A. approval, Covid-19 will almost certainly change that.

But for years, Racaniello notes, the real obstacle to making panviral drugs or vaccines has been that no one was willing to pay for their development. For pharmaceutical companies, he points out, panviral vaccines are simply a terrible business proposition: Companies have to spend hundreds of millions of dollars to develop a shot that people will get once a year at most — and not at all in years when no particular disease is ascendant.

Panviral drug treatments are unprofitable for similar reasons. For one, the course of treatment is short, usually just a few weeks; for chronic diseases (diabetes, high blood pressure), patients take regimens of pills daily, often for years. (One person noted that Gilead's stock price actually dropped after the company produced a revolutionary hepatitis C drug. Because the treatment completely cured patients, the market for it started to shrink, undermining the company's bottom line.)

The other problem is that there's currently no way to quickly test for most viruses, which is essential if a doctor wants to establish a diagnosis and prescribe the right drug. As a result, Racaniello says, it's "a chicken-and-egg situation: No one is developing drugs for these viruses because there's no way to test for them. And no one is developing tests, because there aren't any drugs to prescribe."

Governments, meanwhile, have been reluctant to fund panviral development — both because it's expensive and because the rewards can feel remote, especially as many diseases originate in other countries. "We don't prevent well; we respond well," Daszak notes. "Remember when Obama got $5 billion for the Ebola outbreak in West Africa, and U.S. troops went to help fix the problem? That's heroic. How heroic is it, three years before Ebola, to say, 'We're going to fund a massive program in West Africa to help these poor countries get ready in case an outbreak happens?' He'd be laughed out of the room!"

Global nonprofits like the Gates Foundation have tried to step into this funding void. The foundation has supported GAVI, an international alliance that helps vaccinate children in poor countries and spearheaded a fund to fight H.I.V., tuberculosis and malaria worldwide. Mark Suzman, the chief executive of the Gates Foundation, says that when governments and companies do pull together, the focus is often on projects like these rather than "forward-looking" issues like pandemics or climate change. One exception, he says, has been CEPI, the Coalition for Epidemic Preparedness Innovations, an NGO that was founded in 2017 to coordinate and finance the development of new vaccines for diseases that might lead to a pandemic. When it started, Suzman told me, CEPI was a low-profile project: "It was really a response to the Ebola epidemic of 2014 and 2015. Now, of course, it looks incredibly farsighted."

'We're worried about MERS, we're worried about SARS-1, but they're not really our problem. The future *is the problem.'*

CEPI works by identifying the most promising research, and then connecting it to industry and government resources, in order to bring multiple sets of "candidate" vaccines through initial clinical trials. The goal is to create a stockpile of potential treatments for known coronaviruses, hemorrhagic fevers and other global threats that could quickly go into production in the event of an epidemic. Daszak noted that CEPI is running a trial for a vaccine against Nipah virus, a zoonotic virus — one that exists in animals but can infect people — which can cause acute respiratory illness and fatal encephalitis. "This is the classic example," Daszak says. "So far, there have been only a few outbreaks, so the market is minuscule: a few thousand people a year get it, in Malaysia or Bangladesh. But it infects a wide range of animals, and that means it's likely to keep crossing over into people. And if it ever broke out, it could be a pandemic with very lethal consequences."

The group also funds technologies aimed at "Disease X" (the potentially pandemic viruses that we have yet to discover) with the goal of faster vaccine development should a totally new threat emerge. As Jake Glanville, whose company, Distributed Bio, received a grant from Gates Foundation to create a universal flu vaccine, told me, "This is how we win the forever war, and not just battles against these pathogens."

CEPI isn't the only group trying to find solutions to the drug and vaccine problems. In the United States, a federally funded university collective called the Antiviral Drug Discovery and Development Center (AD3C) was created in 2014, with the goal of developing drugs for influenza, flaviviruses (including West Nile), coronaviruses and alphaviruses. Like CEPI, AD3C partners with pharmaceutical companies but focuses on salvaging and reformulating promising drugs that might be valuable but that the company isn't interested in pursuing. (When Gilead discovered that remdesivir worked on coronaviruses, for instance, the treatment was routed to AD3C, which enlisted scientists at Vanderbilt University and the University of North Carolina to repurpose it.)

Amesh Adalja, a senior scholar who specializes in infectious-disease and pandemic preparedness at the Johns Hopkins University Center for Health Security, told me that approaches like these are going to be "instrumental" in preventing whatever comes after Covid-19. "In the wake of this pandemic, people are going to realize that spending money on organizations like CEPI is a good investment — especially when you realize how much having a vaccine against the coronavirus would have offset the damage and destruction and disruption that we've seen."

DESPITE THESE EFFORTS, there is still one overarching problem: how little is known about the planet's viral threats. Viruses make up roughly two-thirds of all newly discovered human pathogens — far more than either bacteria or fungi. Over the course of human evolution, we've been exposed to so many that about 8 percent of the human genome is made up of retroviral DNA sequences that have inserted themselves into the human germ line, often to our benefit. (An ancient

virus is thought to be responsible for the development of the human placenta, for example.)

Perversely, viruses get no advantage from making people seriously ill; it's simply a byproduct of the encounter. Over the years, or sometimes centuries, viruses and hosts usually reach an accommodation: They coexist. Typically, the most dangerous viruses are those that have jumped into humans from other species, as happened with Covid-19. That's partly because the disease is new, so our immune system hasn't had a chance to create antibodies. But it's also because an unfamiliar virus is more likely to throw our immune system into overdrive, potentially fatally.

For anyone hoping to identify where the next pandemic is coming from, the difficulty is that there are literally millions of viruses to analyze. One paper recently estimated that there were 1.6 million potentially zoonotic viruses, of which fewer than 1 percent have even been identified. "One thing we definitely need is better diagnostic testing where we're actually looking for these emerging pathogens in people," Adalja says. "Because there are already many, many one-off cases that no one ever diagnoses, but which could be the first sign of a new virus jumping into a human species." While influenza and coronaviruses are known pandemic threats, they're far from the only ones. Nipah and Hendra viruses are deadly paramyxoviruses that have emerged from bats within the past three decades. Marburg is a highly lethal hemorrhagic fever like Ebola, but without any vaccine or treatment in the pipeline. (Dozens of other hemorrhagic viruses also exist, but so far haven't made the jump to humans.)

One argument against doing this kind of work has been that the risk of any single virus's causing a pandemic is low. Most viruses simply aren't equipped to make the jump from animals to humans — and even when they do, most aren't able to replicate in ways that become dangerous or spread from person to person. The problem, Daszak says, is that when you multiply a 10-million-to-one event by the total number of animal-human interactions, the probability isn't that low after all. "It's really easy to scientifically demonstrate that these are rare events and we shouldn't bother," he added. H.I.V., for instance, was originally present in primates, and spilled over into the human population only about 10 times in the span of a century; each time, it quickly died out — until it didn't. "Statistically, when you look at the likelihood that a virus will, first, be able get into a person, and then be able to replicate, and then get transmitted through sex, the probability seems like it should be minuscule! But what we failed to appreciate was both the adaptability of viruses, and the dimensions of the human-wildlife interface."

Hoping to get a more accurate estimate of which viruses could be a threat, Daszak recently traveled to a rural part of Yunnan province, in China, and took blood samples from people who live there, looking for antibodies that would show how often they had been exposed to bat coronaviruses. (Detectable antibodies typically last two to three years after an infection.) "This was bat coronaviruses alone — not all the other stuff that's out there," Daszak said. "And we found that 3 percent of the population had been exposed — which tells me that these things are spilling over at an incredible rate, as part of everyday business in rural China."

Which means, Daszak says, that between one million and seven million people a year in Southeast Asia pick up bat coronaviruses. "For most of them, it probably doesn't even cause illness. There may have been some little outbreaks that never got noticed, or cases where people even die, and it gets put down to influenza or something." He paused. "But that is a huge level of spillover. It's not difficult to imagine one of those infections mutating a bit and becoming Covid-19."

'The problem isn't that prevention was impossible. It's very possible. We just didn't do it.'

Policing points of potential spillover is challenging — and the effort needed to rigorously track and test wildlife even more so. As Racaniello observed, "We've known since SARS that bats harbor dangerous coronaviruses. So bats are an obvious place to look. But even then it's not easy to do. You have to crawl into a bat cave, you have to catch them somehow. It's tedious, costly work."

In the United States, for example, some species of mice harbor hantavirus, which periodically infects people, most often when they inhale aerosolized mouse droppings — say, when sweeping out a dusty cabin or garage. Because the infection, which starts like a flu but is fatal in 38 percent of cases, doesn't spread from person to person (yet), the pandemic risk is currently low, Racaniello says. "A good question is, what would have to happen for that virus to become human-to-human transmissible? And also, what else do mice have that might be a threat to people? But the mice of the United States have barely been sampled, in terms of the viruses they carry."

During the Obama administration, a U.S.A.I.D. program called PREDICT was created to fill that gap, by using biological surveillance and predictive modeling to identify the most likely sources of zoonotic disease. During the 10 years the program existed, researchers found more than a thousand new potential zoonotic viruses, including an unknown Ebola strain. (Daszak, whose group received financial support from PREDICT, called the project "visionary.") After the program's funding ended in September, shortly before the coronavirus outbreak began, the Trump administration authorized two successive six-month extensions. A U.S.A.I.D. spokesperson said that in September, there will be "a planned transition" to a new prevention program, Stop Spillover, with a proposed budget of between $50 million and $100 million over five years. "For these sorts of programs to work, you have to be patient," Racaniello told me. "But these projects also cost money, and they don't necessarily seem like they're producing much in the short term, so they're the easiest things to cut when you want to cut a budget."

ONE CHALLENGE FOR pandemic hunters is understanding which animals are most likely to be the source of viruses. Bats, the original carriers for many zoonotic viruses, rarely pass those diseases to humans directly. (One study found that bats in China harbor more than 500 different coronaviruses, but they also carry paramyxoviruses, influenza and hemorrhagic viruses like Ebola.) More often, Daszak explained, bats infect another animal, which then infects us. "About a fifth of all mammals are bats," Daszak points out. "And they're all over the globe. We just don't realize that, because they fly at night. But they're out there, pooping all over the place — just like deer and birds, except we don't see it." (It's worth noting that, of the thousands of bat species, only a few — such as the fruit bat and horseshoe bat — are currently thought to be the major reservoirs of zoonotic disease.)

Bats also fly, can live for a long time and thrive across a huge range of habitats, which means that we, and other animals, are more likely to come in contact with them than with other species. Racaniello pointed to an outbreak in Australia in the 1990s that was caused when bats began frequenting a racehorse stable, infecting the horses, which then passed the disease on to their human trainers. In Malaysia, Nipah virus emerged from pigs, on farms in an area that harbored fruit bats. In the Middle East, the MERS coronavirus — which most likely originated in a bat — became endemic in camels, who at some point started passing it on to people.

"Before that outbreak, it wouldn't have occurred to anyone to look in camels for a pandemic virus," Racaniello said. "The same is true for a lot of things. For instance, we knew that bats carried SARS-like coronaviruses, but it was only when they started looking for the cause of the first SARS outbreak that they found it had jumped from bats to civet cats, which is how we got it. But as to all the other animals in the world, we pretty much have no idea! So, I think you just need to cast a very wide net."

To do that, Daszak helped found an ambitious project called the Global Virome Project, which seeks to identify 70 percent of the estimated 1.6 million potentially zoonotic viruses over 10 years, at a cost of $1.2 billion. "We found the closest relative to the current SARS-CoV-2 in a bat in China in 2013," Daszak told me. "We sequenced a bit of the genome, and then it went in the freezer; because it didn't look like SARS, we thought it was at a lower risk of emerging. With the Virome project, we could have sequenced the whole genome, discovered that it binds to human cells and upgraded the risk. And maybe then when we were designing vaccines for SARS, those could have targeted this one too, and we would have had something in the freezer ready to go if it emerged."

Racaniello supports this strategy — "I like the test-every-creature-on-Earth approach, personally" — but acknowledged that there were also ways to narrow the field. Risky zoonotic viruses, he noted, are more likely to be found in mammals or birds; anything else is just too big a genetic jump. Within that group, animals that are evolutionarily closer to us are also higher-risk, because we share more of the receptors that viruses use when they infect a cell.

Another risk factor is simply how likely we are to come into contact with a particular animal, whether from activities like logging, through the wildlife trade or through farming. (Measles is thought to have arisen out of the domestication of cattle, while pigs and chickens carry swine flu and bird flu.) But while vaccines exist for some domesticated animals — there's a successful one for coronavirus in chickens, and researchers recently created a MERS vaccine for camels — there's no way to vaccinate wildlife, or even urban animals like mice.

"That's why we need to be studying these things," Daszak says. "We've shown repeatedly that any disease, once it gets into human-to-human-transmission mode, it's going to come to the U.S. We're always in the top five every time we do that analysis. We said, about Ebola, because it's not respiratory, it's never going to break out of a village, or a country. And it did! And if you get a version with a longer asymptomatic incubation time, like we have with Covid-19, imagine what that could look like."

IN

the wake of the Covid-19 pandemic, more systems of global cooperation and investment have started to emerge. In late March, the Gates Foundation set up a Covid-19 Therapeutic Accelerator to screen a vast number of existing drugs and compounds that hadn't made it to market, in order to test whether they might work on other diseases.

The screening, done by the Rega Institute in Belgium, will scan and test 14,000 compounds in a Scripps Research Institute library, as well as the proprietary libraries of 15 pharmaceutical companies, including Bristol-Myers Squibb, Eli Lilly, Merck, Novartis and Pfizer, for possible crossover treatments. Because most of the drugs have already been tested for safety, they need to be tested only for efficacy, speeding up the process.

The willingness to share proprietary compounds, says Suzman of the Gates Foundation, is "pretty unprecedented." And while that collaboration is currently focused on Covid-19, the hope is that, after the current crisis has passed, that same collection could be screened for more ambitious projects — like a broad-spectrum anti-coronavirus drug. "I am optimistic — cautiously optimistic — that this is a kind of precedent," Suzman said. "And that it will lead to more and better global health collaboration."

Monalisa Chatterji, a microbiologist who is part of the Gates Foundation's drug-discovery arm, agrees. "The conversation has started" for future pandemics, she told me. "Should there be a standing shared library of unused drugs that research labs can test? Should similar things be done around diagnostics? Should there at least be an agreement where every company has already agreed to provide access to its library in a pandemic situation?" She added, "That sounds small, but it's these small things that eat up time when it matters."

The big question, according to nearly everyone I spoke with, is whether we'll manage to maintain this political and financial will over time. Racaniello and Daszak both remember being sure that after SARS and Ebola, pandemic prevention would be a priority; instead, each outbreak was quickly forgotten. And while it's hard to imagine forgetting the current disaster, researchers worry that funding and attention will once again fade in the face of competing pressures. As Rancaniello observed, the combined 2019 budgets for the National Institutes of Health and the National Science Foundation was $47 billion — less than 7 percent of the $686 billion allocated to defense. "I would argue that viruses are just as much a threat as a bad nation would be to the military," Racaniello said.

Or as Daszak put it: "We don't think twice about the cost of protecting against terrorism. We go out there, we listen to the whispers, we send out the drones — we have a whole array of approaches. We need to start thinking about pandemics the same way." ◆

Illustrations by Tim Enthoven

In their own words, inma
their families tell the insi
coronavirus outbreak in

‘Something Is Going to Explode’: An Oral History

By Janet Reitman Photographs by William Widmer

tes, staff members and de story of the first fatal a federal prison.

The Federal Correctional Complex in Oakdale, La., is the site of the first fatal coronavirus outbreak in the federal prison system. F.C.C. Oakdale — which houses some 2,000 inmates and employs close to 500 staff members in two low-security prisons (Federal Correctional Institution Oakdale I and F.C.I. Oakdale II) as well as a minimum-security camp — provides the economic lifeblood for a town of fewer than 8,000 people and the surrounding parish. Many of F.C.C. Oakdale's inmates are serving sentences for nonviolent offenses, like drug sales and financial fraud.

The Bureau of Prisons maintains that it began preparing for the coronavirus outbreak in January. On March 26, Attorney General William Barr advised Bureau of Prisons officials that certain "at-risk inmates who are nonviolent and pose a minimal likelihood of recidivism" might be released to serve out their sentences in home confinement, under terms included in the Coronavirus Aid, Relief and Economic Security (CARES) Act.

On March 28, Patrick Jones, 49, who was serving a 27-year sentence at Oakdale for possession of crack cocaine with intent to distribute, became the first federal inmate in the country to die from the virus. On April 3, Barr ordered federal prison officials to speed the release of "vulnerable inmates" from at least three federal institutions fighting major coronavirus outbreaks, including F.C.C. Oakdale. By the third week of April, seven Oakdale inmates had died. At least 100 inmates and staff members had been infected, with more than 20 hospitalized, as confusion, fear and anger gripped the interconnected community of inmates, officials, workers, family members and loved ones.

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Alice Jones, Patrick Jones's mother: I talked to him in March — he always called me once a month — and I told him, "I love you, baby," and he said, "I love you, Mama." And that was the last time I talked to him. He was not sick. No sniffling, no coughing, nothing.

Correctional Officer 1: Me and another staff member took out an inmate to the hospital. We took him out on a Thursday [March 19]. We were told, "Oh, he has asthma." It's routine to take inmates that have health issues out on emergency medical trips. He said he was short of breath, couldn't breathe. They gave him a mask. We weren't offered any kind of protection.

Ronald Morris, correctional officer, president of the American Federation of Government Employees Local 1007: I got a phone call saying we had an inmate go out with Covid-19 symptoms. And yeah, they told the staff he had asthma, and I think it was even on the paperwork that he had asthma, but then they sent him out with a mask. So, hell, yeah, it was very disturbing that they sent the inmate out with a mask and didn't provide it to staff.

Correctional Officer 1: We checked him into the emergency room, and about an hour and a half later, they moved him from a regular E.R. room to a negative-pressure room, and that's when they had us put masks on, but I'd already been around him without a mask on. No one told us he might have Covid-19. They said, "Hey, he got asthma issues." Two days later, I got a call telling me he'd tested positive for the virus.

Alice Jones: They lied. He did not have a longtime chronic illness. No asthma. He did 100 push-ups a day.

Christopher Walker, Patrick Jones's son: I didn't know about it until my grandmother called me at like 1 o'clock in the morning. I don't see how it just took him down like that.

Claudette Crumpton, Patrick Jones's former girlfriend: He was as healthy as a bull. I always heard in prison the doctors don't properly take care of them. If they fill out a piece of paper saying they sick, they wait a couple of days to get permission to see the doctor. And then they wait until they get damn near to their deathbed.

Ronald Morris: We found out that Jones tested positive for Covid-19 on the 21st. That's when we locked down both institutions. And we had our second confirmed case that day also. He went to the hospital. On the 22nd, both C.O.s who took Jones to the hospital were cleared to return to work.

Correctional Officer 1: I got a call telling me I was on administrative leave. And then seven hours later, roughly, a supervisor calls and says: "Y'all are good to come back to work." I was upset. I mean, you already know you're exposed to it, but you know, got to pay the bills.

Gene Paul, the Republican mayor of Oakdale: I knew about that first inmate who went to the hospital and tested positive, and I knew that a corrections officer had transported him without a mask. But I didn't know that his wife and daughter work here at City Hall. When I come to work Monday morning [March 23], his wife tells me that her husband was that correctional officer. I was like, "What?!" I sent them home and said not to come back for 14 days.

On March 28, nine days after being admitted to the hospital, Patrick Jones was pronounced dead. The federal Bureau of Prisons claimed Jones had "long-term, pre-existing medical conditions which the C.D.C. lists as risk factors for developing more severe Covid-19 disease."

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Don Cain, inmate at F.C.I. Oakdale I, via email: I will tell you how I heard the virus got in. I was told that a staff member from education bragged about going to New York City. The first death of an inmate was a guy who was in contact with that staff member. I heard that staff member was supposedly in critical condition in the hospital on a ventilator.

Wife of an F.C.C. Oakdale correctional officer, via Facebook Messenger: There's also a rumor saying an inmate came off the bus as a new intake, and he brought it in.

Mayor Paul: As of last week [the week of March 30], they were still bringing inmates in from other facilities. It took them about a week to stop those buses. There was a lot of the ball being passed around with, "It's not my responsibility, it's the marshals' responsibility, it's not our responsibility, it's somebody else's." Well, whose responsibility is it to stop this? I mean, I love the B.O.P. being here and everything, but you think you would have taken some precaution 10 or 14 days earlier to be halfway ready for this thing, especially when you got about 2,000 inmates and about 500 employees.

Correctional Officer 2: I know there was a conversation with the warden. It was myself and one of the case managers that I used to work with — who tested positive, by the way, he's been out for a week, week and a half — he questioned the warden and said, "What do you think about this coronavirus, do you think we're going to have a problem?" And he said: "Oh, no, because we live in the South, and it's warm here. We won't have any problems." That was his exact words. Nobody gave us new direction on what we should be doing, how we should be preparing, what to look for, anything.

Ronald Morris: We tried to talk to the warden about safety protocols. I'd say as early as March 18 we talked to him about cross-contamination among the staff. We suggested we keep staff contained and not let them work between institutions. But the warden said he didn't think that was needed at this time.

Oakdale prison officials including the warden, Rod Myers, did not respond to multiple detailed requests for comment.

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Kirk Brannan, recently released from Oakdale prison camp: What happens is that the correction officers and administrators come and go between the facilities and between us and the civilian population. So if any one of them gets exposed, then they're going to expose us.

Ronald Morris: I'd brought up in our daily meetings that the staff going on medical trips needed P.P.E. But it took them several days to issue N95s, so at first they wore surgical

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Interviews have been condensed and edited for clarity. Several correctional officers requested anonymity for fear of retaliation.

Christopher Walker in Dallas, Tex.

Ronald Morris in Oakdale, La.

masks. Then the guys did have N95s, but we had not been properly trained to make sure we are doing this properly. And at times there have been shifts they would go work without being protected at all. On March 25, we had six inmates in the hospital for Covid. Each inmate requires two staff to watch him per eight-hour shift. On March 26, we had three confirmed staff with Covid-19.

Mayor Paul: We're a close-knit community — everyone knows everyone, so there is a lot of concern and uncertainty. About 50 percent of the people in the surrounding area work at the prison, and the ones that live in Oakdale, they go to work, and then they go home and back into the community, go to stores, that kind of thing. When that first inmate tested positive, I called the warden, but he hadn't returned my calls. Now I have people calling in asking me questions about what's going on, and I couldn't really tell them anything because I didn't know anything. People just want to hear something. Just like, "Everything's going to be OK," or, "I spoke with the warden, and he said they're working on this and everything's going to be OK." But I didn't really have that information. So I called up my state representative, and he was getting calls about some of the same things, and the warden had never returned his call either. And then he called our U.S. congressman, Mike Johnson's office, and Senator Bill Cassidy.

Ronald Morris: Our warden said he was writing the playbook. I cannot tell you how many times I heard the phrase that we were "writing the playbook" for the B.O.P. to handle this kind of thing when it reached other facilities. I mean, if we were writing the playbook, we were in a ditch.

Mandatory daily temperature checks of every inmate began on March 26. To house sick inmates, prison officials converted half a housing unit in Oakdale I to quarantine inmates who had been exposed to the coronavirus or were exhibiting symptoms.

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Don Cain, via email: A guy they brought over to our pod had a cough. I had no symptoms whatsoever, and neither did the other four guys in my pod, but they told us to pack up, we were going to quarantine. I for sure thought I was next to die, as I have diabetes, and they say that having diabetes, it's the one that is the hardest to fight the virus. I just knew they were going to stick me in there with someone who was sick, and I would contract it and would not be able to fight it and pass away. I was praying, asking God not to let them take me over there to that death unit.

Correctional Officer 3: We got three inmates getting tested to see if they had the virus, and we put them on a range, which is a straight hall that got cells. I fed those guys. I wore gloves. I didn't wear masks. I didn't think they had it. But turns out all three of them tested positive. And they went out to hospitals. It was just a wake-up call for me.

Correctional Officer 1: It took a little while to wrap your head around that it is a big deal. Then probably Thursday [March 26], I went to sit on one inmate at one of the local hospitals, and they gave us the little yellow paper gowns to put over our uniforms, and the N95 masks and gloves and goggles. But the nursing staff were coming in like they were about to take a spacewalk — the helmets, you know?

Ronald Morris: We had inmates at four local hospitals. At the hospital 40 miles away, they have a suit they wear with the helmet. Our staff don't. I think half of a whole floor is negative pressure. At another hospital, we got patients in a regular I.C.U., and we sit outside a glass partition so we can observe the patient. They also have some inmates in regular rooms, and the staff are sitting in the room with them. Those are not negative pressure. At one hospital, staff had N95s, gloves and gowns. The health care workers have on the same thing. There are two negative-pressure rooms, and you sit in a vestibule and observe the inmate through the glass wall. The inmate is restrained to the bed, so if something happens to the inmate, we got to go in and remove restraints.

On March 27, five plaintiffs, including three employees at F.C.C. Oakdale, filed a class-action suit on behalf of all federal employees claiming that since Jan. 27, they had "performed work with or

Left: Eli Durst for The New York Times. Right: William Widmer/Redux, for The New York Times.

in close proximity to objects, surfaces and/or individuals infected with the novel coronavirus," and asking for hazard pay.

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Anita Kadrovich, correctional officer: For probably over a year and a half or so, my job was to take inmates to their medical appointments. I have rheumatoid arthritis; it's an autoimmune disease. So I do low-dose chemo every week, which wipes out my ability to fight off anything. I have no immune system. My doctor told me I should not be around any of it. He sent me a letter. But I didn't turn the letter in. I didn't want to leave my people stranded — it's like leaving a man behind.

Ronald Morris: Jones died on the 28th, and by then, we probably had up to about 12 inmates in the hospital, and another confirmed staff with Covid. On the 29th, we had seven confirmed staff. Then it just hit the accelerator, and it went fast. You had inmates going to the hospital by ambulance, two or three a day. I was pleading with the warden for help — we just didn't have enough staff. And we were forcing staff to work 30 or 40 hours straight.

Kirk Brannan: At the camp, there's two large dorms filled with bunk beds stacked end to end, three feet apart widthwise. So when you're sleeping on your bunk bed, you're within three feet of 12 people snoring and breathing hard. So there's a lot of common breaths going on in there. It's the epitome of an environment that can spread the virus if any one person gets it.

Ronald Morris: On March 30, we had 15 inmates in the hospital with Covid. We had seven positive staff and 16 staff out awaiting tests. On the 31st, we had 17 inmates in the hospital and eight staff positive, with a lot of people awaiting results. Then the second inmate died on April 1, and by then we was running. First we had 10 positive staff. At noon that day, we had 13 positive staff. By 5 o'clock that evening, we had 17 positive staff. It was very chaotic and stressful. Most of the guys that tested positive were either working in the housing units or sitting on Covid-19 patients in the hospital. In the housing units, they were only wearing surgical masks. They say if you work in an isolation unit, you must wear an N95, but where do you think these inmates are coming from? They're coming from a housing unit where they won't give you that mask. That's our biggest bitch. How is it that you don't wear the N95 mask where the symptoms originate from? If an inmate gets sick in this area and lives in that area, you don't wear a mask, but if you put him in an isolation area, you wear a mask.

On March 31, the Bureau of Prisons ordered a 14-day lockdown across the federal prison system: "Inmates in every institution will be secured in their assigned cells/quarters to decrease the spread of the virus." The lockdown permitted inmates in small groups to use the phones, computers, showers, commissary and laundry facilities.

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Kirk Brannan: They have the camp inmates making sack meals, bag meals, for those who are on lockdown. They're going on three and a half weeks of living on bologna sandwiches and peanut-butter-and-jelly sandwiches. That's all they get to eat for dinner or lunch. They get a little packet of cereal for breakfast. Inmates at the camp are making those bags, and we don't know if anybody infected is making those bags or not. They're not testing. You would think if you have a potential of having an infection, you'd have to be tested before you get to handle people's food. Well, that's not being done.

Ronald Morris: We have, as of about an hour ago [on April 2], 20 staff who've tested positive for the virus. We probably got that many out at home waiting on test results. And that changes hourly. We have approximately 18 inmates in the hospital. We got approximately 40 or so inmates in isolation; these inmates are showing symptoms of Covid-19. We got over 80 inmates quarantined that have been exposed. Both of those numbers are growing daily. I am in the community hospital working, and I'm looking at the inmate through glass in the bed. He's sleeping. I hope he doesn't die on my shift.

On April 2, an inmate at the minimum-security prison camp who was exhibiting symptoms was tested for Covid-19. Anita Kadrovich had been

Mayor Gene Paul in Oakdale.

Anita Kadrovich in Oakdale.

Photographs by William Widmer/Redux, for The New York Times

transferred to work at the camp a few days earlier.

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Anita Kadrovich: We thought we were fairly safe out here, but no. When the first inmate got sick, people started looking around and started getting worried. You could just tell on their faces. Everybody was like: Oh, my gosh, it's here. I felt the same way. When they came out to quarantine the first inmate, they had their hats on, they had their N95s on, they had the surgical mask over their N95. They had the gowns on, they had their feet covered, everything.

Correctional Officer 2: That same day, I asked the acting health-services administrator for an N95 mask, and she told me I didn't need one. At the same time, she and all three of the nurses that were with her had on full protective gear. But I was told the surgical mask that had been provided was good enough. And that wasn't the first time that we here at the camp had been denied. We'd requested masks two other times and were told, "You don't need it." They never gave us a reason other than, "Well, until there's a positive case," and now they tell us they aren't testing because they assume if someone has symptoms, they have it.

Anita Kadrovich: And right after the first inmate was taken to quarantine, they called for safety to come out and decontaminate the health-service department. The safety guy told me that when he walked into the health-service department without his mask on, they were like: "No, no, put your mask on! That inmate was all around and in here!" So I'm like: "It was that serious for y'all, what about all of us? He was in our offices cleaning our doorknobs. Do we need to be decontaminated?" But they didn't tell us any of that.

Correctional Officer 2: That inmate was one of our orderlies, so he was walking around without a mask every hour cleaning every door handle in the entire camp. He'd exhibited symptoms the previous week. He'd had a fever. And we requested the protective equipment, but they wouldn't give it to us because they said we didn't need it. They had a little dust mask, like a painter's mask, and a pair of gloves that they would give us, but it's nothing.

Anita Kadrovich: I feel like we're guinea pigs.

Kirk Brannan: Everything they've done has been really kind of the opposite of what they should have done. I can't tell you how many guys, when I was leaving, came up to me and said: "Please get our story out there." Something's got to happen before something catastrophic happens.

Ronald Morris: You got the director of the B.O.P. saying they've been preparing since January, and they have a national stockpile of supplies. Well, where the hell are those supplies? Why can't we get some? They did send us some national-stockpile N95 masks. Want to know how many? Two hundred! Two hundred! They couldn't afford to give us any more. They know that we're just the first institution that's going to be dealing with this, so they need to hold it to ration it out to other institutions because they know their national stockpile is insufficient to begin with.

Heidi Burakiewicz, lead attorney on the federal class-action lawsuit: What I am constantly hearing from workers at Oakdale is that they're looking for guidance, and they're getting no guidance or contradictory guidance, or it's constantly changing. I'm outraged when I hear people tell me, "I rode in a van with a sick inmate, and I asked for a mask, and they said: No, I didn't need it." Or: "I sat in a room in the hospital with a sick inmate, and I didn't even have a mask on." Or: "It was only a surgical mask." That makes me angry. That was preventable. Somebody in this agency needs to take responsibility and start protecting these people.

Ronald Morris, via text, April 3: Five inmate deaths. Eighteen inmates in hospital. Seven hundred twenty-seven inmates quarantined in five housing units. Two staff in hospital.

Don Cain, via email: A guy from our unit passed away. I did speak with him on a daily basis, so that hit home to actually know someone who was alive just last week and he is no longer here.

Correctional Officer 3: Inmates get sick with the coronavirus, and they don't want to say anything until it's so bad that we got to rush them out on the ambulance so they don't die. We had one guy, he was about to die, and his cellmate waves over the corrections officer, and he was like: "Hey, uh, this guy's not doing so well." And then they had to put him on oxygen and rush him out to the hospital. He just laid in his bed, and he didn't want to go to another unit, and he didn't want to go to the hospital. All the inmates are scared because they don't know what's going to happen if they get it.

Don Cain, via email: People are scared and worried. They ask questions and complain, but we are told half truths, kept in the dark.

Ronald Morris: We've had staff working 24 to 32 and 40 hours of overtime. You don't have nobody to come relieve you sitting at the hospital, and inmates is going out left and right. We're 50 minutes from the institution, so you got at least an hour's drive. I had an officer that got to work at 6 that morning and volunteered to work at the hospital to relieve a staff member so they could go home. Ended at midnight and never got relieved, drove back to the institution because he had another shift to pull there and fell asleep three times on the highway. We cannot abandon the hospital post that we're on or abandon the security that we're providing for that inmate because we'll face disciplinary action. We all take an oath to protect the public, to protect the institution, to protect each other and government property. We have a no-strike clause in our union contract. We're bound by an oath kind of like the military to protect and serve.

Correctional Officer 2: Originally, they gave us a form, and it asked if you'd been exposed, if you had any symptoms, if you had seasonal allergies, how long you had seasonal allergies. Now all they're doing is checking our temperature. You pull up, they put a little forehead thermometer and check your temperature, "OK, you want a mask and gloves? Go on in." No "How are you feeling? Do you have body aches, are you nauseated? Do you have a cough, a runny nose, any of that?" We're not questioned at all.

Anita Kadrovich: At 99 degrees, they clear you to come in. So you could have symptoms, and you could have been undetected.

Ronald Morris: If they let everybody self-quarantine, there ain't nobody to work in the prison, and the bureau is not going to do that. So they're going to make the excuse of, "We're doing enhanced screening to catch it, come back to work." That's their answer. Is it the right answer? Hell no, it's not the right answer. But what is the right answer? You know, where do you get the help from? I had to pressure the warden to ask for temporary-duty staff to come and assist us. Our national union was telling us that they had people in the regional office ready to assist us, and I asked him if he knew about it, and he said no, and he said: "I don't know if we need them." And I said: We need help! We can't keep going at this pace. Will you ask for help? I

'We requested the protective equipment, but they wouldn't give it to us because they said we didn't need it.'

Answers to puzzles of 4.19.20

OF COURSE!

N	P	R	■	A	P	I	A	R	Y	■	P	I	S	C	E	S	■	A	P	P
O	R	E	■	L	E	S	L	I	E	■	A	R	M	A	D	A	■	C	A	L
M	I	C	R	O	C	H	I	P	S	■	P	L	U	R	A	L	■	P	L	O
A	D	O	U	T	■	■	S	E	N	S	E	■	R	O	M	■	E	L	A	N
D	E	N	G	■	A	S	T	R	O	K	E	O	F	B	A	D	L	U	C	K
■	■	■	R	A	N	T	S	■	■	U	T	N	E	■	M	I	D	G	E	S
A	S	S	A	N	G	E	■	■	P	L	E	A	T	■	E	V	E	■	■	■
C	A	P	T	A	I	N	H	O	O	K	■	I	T	S	■	A	R	F	E	D
E	K	E	■	L	E	T	U	P	S	■	G	R	E	E	D	■	W	E	A	R
S	E	E	D	Y	■	■	L	E	I	L	A	■	■	T	E	N	A	N	T	S
■	■	■	D	I	S	T	R	A	C	T	E	D	D	R	I	V	I	N	G	■
B	O	B	S	T	A	Y	■	■	E	A	S	Y	A	■	■	E	D	S	E	L
A	L	A	S	■	■	R	A	B	I	D	■	■	D	E	N	T	A	L	■	H	W	Y
A	E	G	I	S	■	■	N	A	S	■	W	E	D	G	E	I	S	S	U	E	S
■	■	■	D	O	E	■	■	T	A	G	O	N	■	■	P	R	E	C	I	S	E
D	O	T	E	L	L	■	■	S	A	L	K	■	■	G	E	E	N	A	■	■	■
I	R	O	N	D	E	F	I	C	I	E	N	C	I	E	S	■	R	P	M	S
T	N	U	T	■	■	G	A	G	■	■	S	N	A	R	F	■	■	E	J	E	C	T
H	E	P	■	W	A	L	N	U	T	■	N	O	T	U	P	T	O	P	A	R
E	R	E	■	E	N	C	A	S	E	■	A	N	E	M	I	A	■	S	T	U
R	Y	E	■	S	T	O	L	E	N	■	S	E	D	A	N	S	■	I	S	M

KENKEN

3	5	4	1	2
4	2	5	3	1
1	4	3	2	5
5	1	2	4	3
2	3	1	5	4

7	4	5	1	2	6	3
3	2	6	7	5	4	1
1	7	2	5	6	3	4
4	6	1	2	3	7	5
5	3	7	6	4	1	2
6	5	3	4	1	2	7
2	1	4	3	7	5	6

GOING TOO FAR

Z	A	P	P	A	B	A	T	C	H	E	D	C	A	B
O	S	L	O	A	C	C	R	U	A	L	Y	O	D	A
O	P	E	R	W	C	H	I	R	R	S	I	P	O	D
T	H	A	T	I	S	T	P	E	D	E	S	T	A	L
O	A	T	E	N	H	A	S	A	G	O	K	E	N	O
P	L	E	N	T	I	F	U	L	U	T	U	R	N	S
I	T	D	T	H	T	T	P	L	F	A	L	S	I	E
A	U	G	A	R	I	S	H	B	U	I	L	T	E	R
A	L	S	T	O	N	I	F	I	L	L	S	B	I	C
S	T	E	E	P	A	B	I	L	L	W	A	L	S	H
H	E	A	R	D	D	A	R	L	A	A	G	O	R	A
A	R	M	A	M	E	N	T	Y	A	G	E	G	A	P
N	I	A	W	A	T	H	R	O	B	A	N	G	E	L
T	O	P	S	D	E	M	E	R	I	T	D	E	L	I
I	R	S	E	E	R	I	E	S	T	D	A	R	I	N

FOR STARTERS

	P	R	B	C	U
D	R	O	O	L	S
Z	O	M	B	I	E
S	P	A	C	E	D
T	E	N	A	N	T
G	R	O	T	T	O

TRIPLE TREASURE

☆	☆		2	☆	☆	☆
☆	5		2	☆	☆	☆
☆	☆					2
☆	☆	☆	☆	3		
☆	☆	☆	☆	☆	4	☆
	☆		☆		☆	☆
	1		1		☆	☆

Answers to puzzle on Page 60

SPELLING BEE

Cartload, doctoral (3 points each). Also: Allot, altar, atoll, carload, carol, catcall, collar, collard, collator, color, coral, corolla, corral, dollar, dolor, droll, drool, local, locator, lotto, octal, total, troll. If you found other legitimate dictionary words in the beehive, feel free to include them in your score.

had to ask him two or three times. They started showing up late March.

Mayor Paul: I spoke with the warden on Saturday [April 4], and I mean, this guy sounded like he was fixing to explode. You could hear it in his voice, I mean, exhaustion. I feel sorry for him. He just said it's been such chaos out there for the last couple of weeks.

Correctional Officer 3: I'm not one of the people stuck working in the medical unit. If I was, I'd be worried every day. We've had staff members get sick because of having to work at the hospital for so long.

Since the outbreak began, a number of correctional officers who believe they were exposed to the virus say they have requested extra sick leave to self-quarantine but have been denied. Those who have taken time off anyway risk being designated "absent without leave" by their supervisors.

—

Correctional Officer 2: A memo is done saying a staff member was placed on AWOL because of "abuse of sick leave." And that's what they consider it. If you miss more than three days, you have to have a doctor's note. And then when they place you on AWOL, the memo goes to the warden, and well, this warden, he refers every single case for disciplinary. The common thing is you get like three days without pay, if you abuse sick leave, and then it just climbs from there. I think one staff member spent 10 days without pay for abuse of sick leave.

Anita Kadrovich: A woman I know, she's a single mom, and they mandatoried her to go work where all the quarantined inmates are. She broke down and cried because she just thought that was her death sentence. She has two girls, and she was like: "I just know I'm going to get it." But she went. She sucked it up because that's what we do. Can't cry in prison. It's harder for us women than it is as men, because we've got to show that we can do the same job they can do. And it's mostly a man's world inside the prison, so as women we have to suck it up and do everything just like the men do. And crying is not an option.

Jordan Cain, Don Cain's daughter: We live in Wyoming, and, you know, we don't know anything about Oakdale or anything like that. I know my dad, I feel like he's scared. He hasn't called me today [April 3]. So I'm a little worried already 'cause that was kind of one of his things, like, to make sure he calls us every day so we know he's safe. He did have a heart attack last year. I mean, I am a little nervous right now.

—

Ronald Morris, via text, April 5: Twenty inmates placed among four local hospitals. Seven inmates in I.C.U. Four on ventilator. Twenty-one staff positive.

Kirk Brannan: The most important thing to me right now is to try to help some of these other guys get out. And I think the tools are in place to do that, if people who can exercise the tools will do so. I think the issue is the B.O.P. is a big bureaucracy. And like any typical bureaucracy, when something comes up that has to be done, it just takes some time to get it done. And because of that, they're ignoring the severity of the emergency. The first guy left about five days before me; he had filed a petition for compassionate release a year ago. He's 72 years old, has some health issues. I'm 66.

Don Cain, via email: Do you know anything about the CARES Act? I know I should qualify for what I hear are the standards.

Anita Kadrovich: They have let a few out on compassionate release. So a lot of the older inmates — the majority of our campers are older, and they all have medical issues — they are panicking. They're

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Fill the grid with digits so as not to repeat a digit in any row or column, and so that the digits within each heavily outlined box will produce the target number shown, by using addition, subtraction, multiplication or division, as indicated in the box. A 5x5 grid will use the digits 1–5. A 7x7 grid will use 1–7.

3	1−		1−	
1−	2−		15×	2
	2÷			
5+		4−		1−
4−		2÷		

4−	3	42×		10+	13+	
	2÷	3−				
9+		1−		20×		6
	9+		1	16+		1−
1−	1−	3−	240×			
				2−	8+	
18+					2÷	

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doing anything they can to get their paperwork in to do compassionate releases, and case managers are getting overwhelmed with all the paperwork coming in for that. Families call and ask if we can pay for them to be furloughed or in a hotel room or let them come home, and I have to say it's not my decision.

On April 6, the inmate at the prison camp who was tested for Covid-19 received a positive test result. The following day, a second camp inmate reported Covid-19-related symptoms and was placed in isolation.

—

Ronald Morris, via email, April 7: The camp is now on quarantine. The warden allowed cross-contamination to affect the camp staff and inmates.

Correctional Officer 2: Right now I'm looking at the front of the unit. And we have a piece of paper on the door where everybody goes in, and it says: "This unit is quarantined. Proper P.P.E. is required." But all these inmates, they're all in their dorms. They're cleaning the floors, cleaning the bathrooms and the showers and pretty much doing their normal routines. I mean, they're still in the dorm within arm's length away from each other. On quarantine.

Don Cain, via email: We have no gloves. Only orderlies get gloves, and they wipe down phones and computers once a day, not after every use.

Anita Kadrovich: The community is scared to death of people who work out here. I don't take it to heart when they turn around in the aisle at Walmart because I have my uniform on and kind of run the other way. I just grab a few things and be gone. I got pulled over for speeding, and the cop found out where I worked at. He backed away from my car and said: "Have a good day!" Southern people, we want to hug everybody. I am a hugger. But no, not now.

Correctional Officer 3: I mean, I completely understand where they're coming from, but I have never had people like — they're scared of us. They don't want to get infected. I try not to go anywhere after work until I change clothes. I just get home, strip, dump everything in a wash and wash it a few times, because I don't know what I came in contact with.

Wife of C.O.: It is very scary. We have to relive, every day, being scared that my husband has contracted this virus and that he might not be showing any symptoms. We are trying to be very cautious when he comes home. He literally strips down on our back patio, sprays his clothes, shoes, even work bag and hat down daily with Lysol before coming in the house through our sitting area in our bedroom to thoroughly shower. Then he tries to distance himself from us. But it's so difficult trying to explain to a 2- and 3-year-old that they can't hug or sit with Daddy.

—

Ronald Morris, via text, April 8: All of F.C.I. I is in quarantine. And now the prison camp is in quarantine. Forty-five positive inmates in both places. Fifty-three inmates in isolation. Three on ventilators. Six in I.C.U. Twenty-two staff positive. I lost count of staff awaiting results.

Wife of C.O.: My husband is trying to find an urgent care or doctor that will test him. He has a few symptoms but isn't running a fever, therefore no one will test him. We've called several urgent cares and several doctor's offices, no luck. The E.R. said they changed criteria today to qualify for testing. So we are hoping to be able to get him tested today. He has a cough, and he can't smell. He said he's feeling kind of off.

Anita Kadrovich: I should get my test results later today. I have a few symptoms, but it could be my rheumatoid arthritis, because I've been off my medicine because it drops my immune system. So to try to build my immune system up so I can continue to work without worrying about catching it. I just quit taking my medicine.

Don Cain, via email: There is still scared people and tension in the air, and you can feel the frustration of being kept inside without going outside except to get your meal. There is a lot of bickering at each other, sense of hostility toward each other like something is going to explode.

On April 8, a violent clash between inmates and correctional officers at Oakdale I occurred after the officers tried to reintegrate a group of prisoners from the isolation unit into the general population.

—

Ronald Morris: The administration screwed up. These inmates were over the Covid-19 virus, but they weren't supposed to be released back out there yet, and so when they realized this, they went back an hour and a half later and grabbed 'em and put them back in the isolation unit. And when they did that, that freaked those inmates out because they're scared of getting this [expletive], and they thought they'd just released the virus into that unit and contaminated them. The problem was, they didn't educate the inmates on what's going on. It's basic corrections 101, communicating with the inmate population. Go down there and town hall them and educate them. They didn't do that — they kicked 'em out and then jerked them back up, and you think, "Oh, hell, they just brought an infected person down here, and now we're all going to get this [expletive]."

Don Cain, via email: I know one thing is, if I do pass, my family has one heck of a suit.

On April 17, a Bureau of Prisons spokeswoman responded to a detailed request for comment with a statement: "We want to point out that following a recent visit to F.C.C. Oakdale, the C.D.C. and the Louisiana Office of Public Health commended F.C.C. Oakdale staff and confirmed their compliance with current C.D.C. guidance for Covid management in correctional facilities. We direct you to our public website for detailed information about how the B.O.P. is taking aggressive steps to mitigate the spread of Covid in all of our facilities, including F.C.C. Oakdale."

—

Ronald Morris, via text, April 10: Another inmate death — six. Positive inmates: 49. Positive staff: 26.

Correctional Officer 1: You don't know. This could be the day that you have a temperature. Or this is going to be the day that you come in contact with somebody that's going to get you sick. Every day when I come home kind of starts my 14 days over, where I can't have contact with my family. It's weighing on my wife, and it's weighing on me. I'm starting to become a little withdrawn and short. I know that my stress rubs on to her and then rubs off to the kids. And it's not just us. I'm sure it's the health care providers, I'm sure it's the local parish and state law enforcement, federal law enforcement, firefighters. I mean, we all probably feel the exact same way. We have no choice.

Mayor Paul: We don't have a morgue at the Oakdale hospital. They have run in a portable morgue. It's an 18-wheeler on the loading dock. I understand it is for all the surrounding hospitals if needed.

Correctional Officer 2: We're still releasing inmates if it's time for them to be released. When they're going to leave here, they're going to get on a Greyhound bus, probably change two or three different buses. One's going, let's say, to Houston, one is going to Georgia; we send inmates all over the United States. We send inmates to Puerto Rico. We send inmates everywhere. I have brought up that if we know that they're getting out, then why are we not putting them in quarantine? Because an inmate could not have a fever 12 hours before he leaves, get on a plane or a bus, and as soon as he gets home, he tests positive. Well, then he's contaminated all those people.

Ronald Morris: On Monday [April 13], the U.S. Marshals showed up with two what they said were "recovered" Covid-19 inmates and said we had to take 'em. So they're quarantined. And I was very upset — my next question was: "Are we going to be the Covid-19 hub around here?" And they were like: "No, no, this is supposed to be a one-time deal." But we'll see.

On April 15, a seventh inmate died. Twenty inmates were hospitalized. Fifty-six inmates had tested positive for Covid-19. Thirty-two staff members had tested positive, along with three of their family members.

—

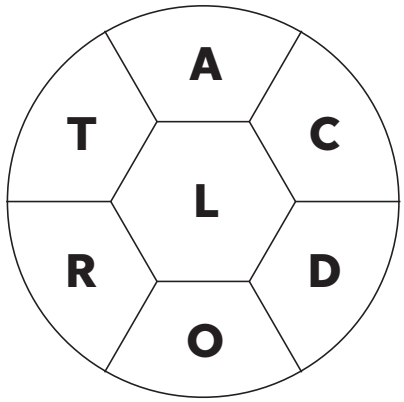
Correctional Officer 2: We just want to be protected. That's all. My husband works here. And we have three children. I have elderly parents, his mother's elderly. We don't want to give this to anybody. And it's terrifying whenever we hear, you know, somebody else has it, somebody else has it. We live here. This is where we're from. This is our home. ◆

SPELLING BEE

By Frank Longo

How many common words of 5 or more letters can you spell using the letters in the hive? Every answer must use the center letter at least once. Letters may be reused in a word. At least one word will use all 7 letters. Proper names and hyphenated words are not allowed. Score 1 point for each answer, and 3 points for a word that uses all 7 letters.

Rating: 12 = good; 18 = excellent; 24 = genius



Our list of words, worth 29 points, appears with last week's answers.

WHIRLPOOL

By Patrick Berry

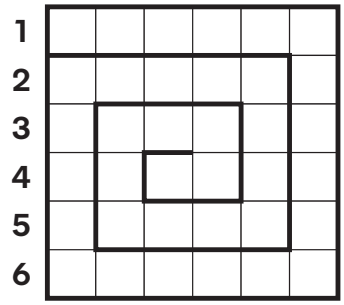
Row answers fill correspondingly numbered Rows. Answers to Whirlpool clues start at the top left corner and spiral inward along the heavily outlined path, one after another.

ROWS

1. Disinclined to boast 2. Back out of a deal 3. Fill one's lungs 4. Convent title 5. Landing strip 6. Tel Aviv's land

WHIRLPOOL

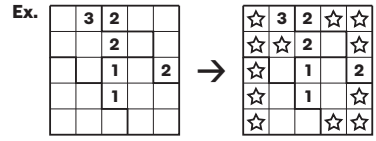
Sleep ___ (power saver on an electronic device) • Stay well away (2 wds.) • Takes a chair • "A Scandal in Bohemia" character ___ Adler • Flash of light • Chapeaus for bad weather (2 wds.)

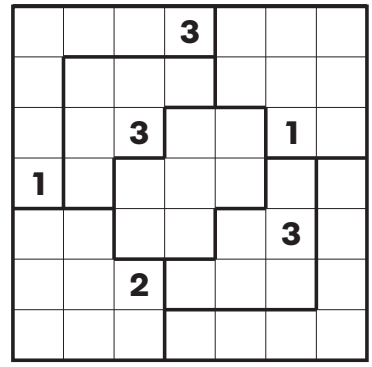


TRIPLE TREASURE

By Ashish Kumar

In each outlined region, locate three treasure chests. A number indicates how many of the neighboring cells (horizontally, vertically and diagonally) contain chests. A chest cannot appear in a cell with a number.

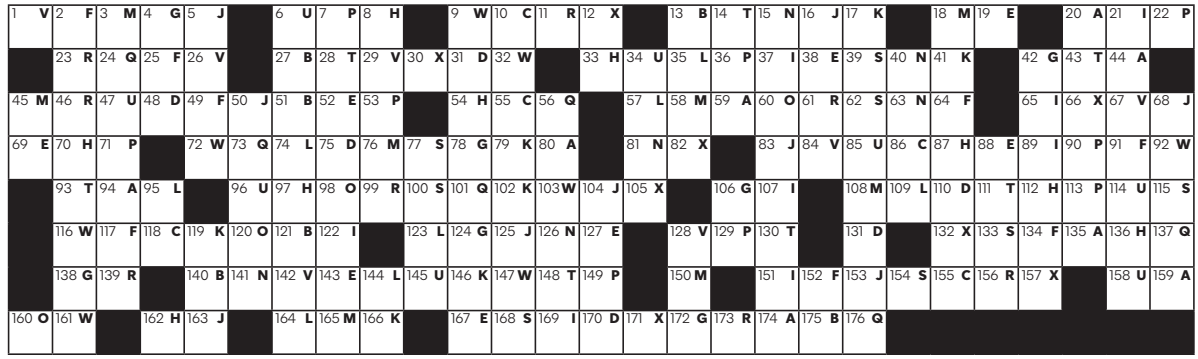




ACROSTIC

By Emily Cox & Henry Rathvon

Guess the words defined below and write them over their numbered dashes. Then transfer each letter to the correspondingly numbered square in the pattern. Black squares indicate word endings. The filled pattern will contain a quotation reading from left to right. The first letters of the guessed words will form an acrostic giving the author's name and the title of the work.



A. Floor, rock, bowl over, stun

174 80 20 159 94 59 44 135

B. Heading in a book or manuscript printed in a different color from the rest

51 121 27 175 13 140

C. Eaters of tom yum goong

118 155 10 55 86

D. Hector, pester, tease, annoy

110 75 31 131 48 170

E. Make two together into separate ones

69 19 167 88 52 143 38 127

F. So hot you could cook an egg on the sidewalk

25 2 49 64 134 117 152 91

G. Classic holder of a kid's baseball card collection

78 42 138 4 172 106 124

H. Period rarely skipped by biographers

33 54 87 112 8 97 136 162 70

I. City called the "Daughter of the Baltic"

21 169 89 122 37 107 151 65

J. Spiritually or morally inspirational

50 83 68 153 163 5 125 16 104

K. Place to put your feet up (2 wds.)

102 166 41 119 79 17 146

L. Total loss of self-control

35 74 144 164 95 123 57 109

M. Ironclad, as proof or an alibi

150 108 58 76 18 3 165 45

N. Possible ruling after a field goal attempt (2 wds.)

40 81 63 141 15 126

O. Opposite of a nail-biter

98 120 160 60

P. Activity of a plant or mole

71 53 36 113 90 129 7 149 22

Q. Seamy, sleazy, squalid

56 101 73 176 24 137

R. Amount of a quintile (hyph.)

173 11 99 139 61 23 156 46

S. Giving a stable impression?

100 133 77 115 168 39 62 154

T. She helped Theseus escape the Labyrinth

93 14 43 111 130 148 28

U. Beginner, tyro, novice

114 47 34 96 6 85 158 145

V. Groove or bevel

67 84 128 142 29 26 1

W. Hugeness with a negative connotation

32 116 103 161 9 147 72 92

X. Things associated with the quote's subject

157 12 66 30 82 105 132 171

(Continued from Page 45)

oddly cagey, and quick to display a false front with each other. You asked, "How's business?" and the answer always was, "Yeah, great, best quarter we've ever had." But then the coronavirus hits, and these same restaurant owners rush into the public square yelling: "Fire! Fire!" They now reveal that they had also been operating under razor-thin margins. It instantly turns 180 degrees: Even famous, successful chefs, owners of empires, those with supremely wealthy investors upon whom you imagine they could call for capital should they need it, now openly describe in technical detail, with explicit data, how dire a position they are in. The sad testimony gushes out, confirming everything that used to be so convincingly denied.

The concerns before coronavirus are still universal: The restaurant as we know it is no longer viable on its own. You can't have tipped employees making $45 an hour while line cooks make $15. You can't buy a $3 can of cheap beer at a dive bar in the East Village if the "dive bar" is actually paying $18,000 a month in rent, $30,000 a month in payroll; it would have to cost $10. I can't keep hosing down the sauté corner myself just to have enough money to repair the ripped awning. Prune is in the East Village because I've lived in the East Village for more than 30 years. I moved here because it was where you could get an apartment for $450 a month. In 1999, when I opened Prune, I still woke each morning to roosters crowing from the rooftop of the tenement building down the block, which is now a steel-and-glass tower. A less-than-500-square-foot studio apartment rents for $3,810 a month.

The girl who called about brunch the first day we were closed probably lives there. She is used to having an Uber driver pick her up exactly where she stands at any hour of the day, a gel mani-pedi every two weeks and award-winning Thai food delivered to her door by a guy who braved the sleet, having attached oven mitts to his bicycle handlebars to keep his hands warm. But I know she would be outraged if charged $28 for a Bloody Mary.

For the past 10 years I've been staring wide-eyed and with alarm as the sweet, gentle citizen restaurant transformed into a kind of unruly colossal beast. The food world got stranger and weirder to me right while I was deep in it. The "waiter" became the "server," the "restaurant business" became the "hospitality industry," what used to be the "customer" became the "guest," what was once your "personality" became your "brand," the small acts of kindness and the way you always used to have of sharing your talents and looking out for others became things to "monetize."

The work itself — cooking delicious, interesting food and cleaning up after cooking it — still feels as fresh and honest and immensely satisfying as ever. Our beloved regulars and the people who work so hard at Prune are all still my favorite people on earth. But maybe it's the bloat, the fetishistic foodies, the new demographic of my city who have never been forced to work in retail or service sectors. Maybe it's the auxiliary industries that feed off the restaurants themselves — the bloggers and agents and the "influencers," the brand managers, the personal assistants hired just to keep you fresh on "Insta," the Food & Wine festivals, the multitude of panels we chefs are now routinely invited to join, to offer our charming yet thoroughly unresearched opinions on. The proliferation of television shows and YouTube channels and culinary competitions and season after season of programming where you find yourself aghast to see an idol of yours stuffing packaged cinnamon buns into a football-shaped baking pan and squirting the frosting into a laces pattern for a tailgating episode on the Food Network.

And God, the brunch, the brunch. The phone hauled out for every single pancake and every single Bloody Mary to be photographed and Instagrammed. That guy who strolls in and won't remove his sunglasses as he holds up two fingers at my hostess without saying a word: He wants a table for two. The purebred lap dogs now passed off as service animals to calm the anxieties that might arise from eating eggs Benedict on a Sunday afternoon. I want the girl who called the first day of our mandated shut down to call back, in however many months when restaurants are allowed to reopen, so I can tell her with delight and sincerity: No. We are not open for brunch. There is no more brunch.

I, like hundreds of other chefs across the city and thousands around the country, are now staring down the question of what our restaurants, our careers, our lives, might look like if we can even get them back.

I don't know whom to follow or what to think. Everyone says: "You should do to-go! You should sell gift cards! You should offer delivery! You need a social media presence! You should pivot to groceries! You should raise your prices — a branzino is $56 at Via Carota!"

I have thought for many long minutes, days, weeks of confinement and quarantine, should I? Is that what Prune should do and what Prune should become?

I cannot see myself excitedly daydreaming about the third-party delivery-ticket screen I will read orders from all evening. I cannot see myself sketching doodles of the to-go boxes I will pack my food into so that I can send it out into the night, anonymously, hoping the poor delivery guy does a good job and stays safe. I don't think I can sit around dreaming up menus and cocktails and fantasizing about what would be on my playlist just to create something that people will order and receive and consume via an app. I started my restaurant as a place for people to talk to one another, with a very decent but affordable glass of wine and an expertly prepared plate of simply braised lamb shoulder on the table to keep the conversation flowing, and ran it as such as long as I could. If this kind of place is not relevant to society, then it — we — should become extinct.

And yet even with the gate indefinitely shut against the coronavirus, I've been dreaming again, but this time I'm not at home fantasizing about a restaurant I don't even yet have the keys to. This time I've been sitting still and silent, inside the shuttered restaurant I already own, that has another 10 years on the lease. I spend hours inside each day, on a wooden chair, in the empty clean space with the windows papered up, and I listen to the coolers hum, the compressor click on and off periodically, the thunder that echoes up from the basement as the ice machine drops its periodic sheet of thick cubes into the insulated bin. My body has a thin blue thread of electricity coursing through it. Sometimes I rearrange the tables. For some reason, I can't see wanting deuces anymore: No more two-tops? What will happen come Valentine's Day?

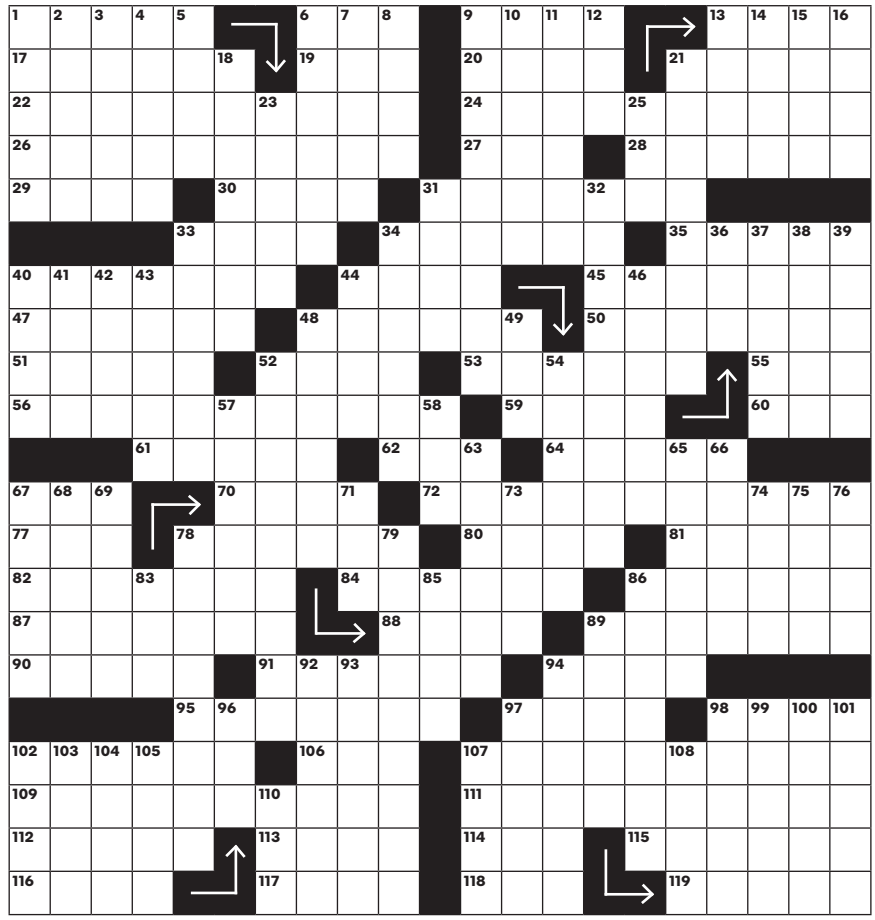
It's no mystery why this prolonged isolation has made me find the tiny 24-square-inch tables that I've been cramming my food and my customers into for 20 years suddenly repellent. I want round tables, big tables, six-people tables, eight-tops. Early supper, home before midnight. Long, lingering civilized Sunday lunches with sun streaming in through the front French doors. I want old regulars to wander back into the kitchen while I lift the lids off the pots and show them what there is to eat. I want to bring to their tables small dishes of the feta cheese I've learned to make these long idle weeks, with a few slices of the *saucisson sec* I've been hanging downstairs to cure while we wait to reopen, and to again hear Greg rattle the ice, shaking perfectly proportioned Vespers that he pours right to the rim of the chilled glass without spilling over.

I have been shuttered before. With no help from the government, Prune has survived 9/11, the blackout, Hurricane Sandy, the recession, months of a city water-main replacement, online reservations systems — you still have to call us on the telephone, and we still use a pencil and paper to take reservations! We've survived the tyranny of convenience culture and the invasion of Caviar, Seamless and Grubhub. So I'm going let the restaurant sleep, like the beauty she is, shallow breathing, dormant. Bills unpaid. And see what she looks like when she wakes up — so well rested, young all over again, in a city that may no longer recognize her, want her or need her. ◆

TURN, TURN, TURN

By Royce Ferguson

Royce Ferguson, 34, is an American living in London, currently between jobs. He says one perk of residing in Europe is that the international edition of The New York Times prints both the Saturday and Sunday puzzles on Saturday, "enabling a regular Saturday crossword binge." He got the idea for this puzzle while on holiday in Switzerland, a nation known for its 47-Acrosses. This is Royce's crossword debut. — W.S.



4/26/20

ACROSS

1 1969 hit for Neil Diamond
6 Big dipper?
9 Event at a convention center
13 Southern bread
17 Risk maker
19 What a plastic bag might come with, nowadays
20 Comics mutant
21 Specks of dust
22 Ad label in red and white
24 What Santa does before Christmas
26 They do dos
27 Tempe sch.
28 Invites out for
29 [Let it stand]
30 Pop singer Ora
31 Heats
33 Bête noire
34 Italian pal
35 Burning
40 Some of the American heartland
44 Belief in Buddhism and Hinduism
45 Certain make-your-own-entree station
47 With 86-Across, fixation problem suggested by this puzzle's theme
48 One hanging around the yard
50 Statement that may precede "Wish me luck!"
51 Per __
52 Arc on a musical score
53 Go back (on)
55 British ending
56 Conventional
59 Deal with
60 Suffix with block
61 China's Zhou __
62 Hound
64 Some bolt holders
67 Arroz __ cubana (Cuban-style rice)
70 Demerit
72 Once-ubiquitous electronics outlets
77 A hot one can burn you
78 Stars in western movies, e.g.
80 "That's my foot!!!"
81 Son of George and Jane Jetson
82 Verbal concession
84 Start to pay attention
86 See 47-Across
87 Sea that Jesus is said to have walked on
88 Beloved members of the family
89 Having a fix
90 South American barbecue
91 Rather eccentric
94 D.C. types
95 It fits a big frame, for short
97 1990s Nickelodeon show about a preteen boy
98 Former Saudi king
102 Peninsula with seven countries
106 Hosp. area
107 What torcedores can skillfully do
109 Hierarchical systems, so to speak
111 It may spit venom
112 News items often written in advance
113 Beget
114 Nasdaq, e.g.: Abbr.
115 Things that can bounce
116 Bone connected to the wrist
117 Founding member of the U.N. Security Council, for short
118 Humanities dept.
119 Like the entire 290-page Georges Perec novel "A Void," curiously enough

DOWN

1 Bygone kings
2 Attended
3 Nail-polish brand
4 Who said: "No good movie is too long. No bad movie is short enough"
5 Dos más uno
6 Worth mentioning
7 Subsidiary of CVS Health
8 Races in place
9 Ken Griffey Jr. or Ichiro Suzuki
10 Short winter days?
11 Alan who directed "All the President's Men"
12 Any nonzero number raised to the power of zero
13 Florida county named for a president
14 Los Angeles's __ College of Art and Design
15 Where talk is cheep?
16 This: Sp.
18 Way to run someone out of town, idiomatically
21 Heavy defeat
23 QB-protecting group, for short
25 Cousin of cream cheese
31 Not outstanding
32 Aware
33 German city on the Weser
34 Try to see if anyone is home, maybe
36 Adversary
37 Island famous for its nightlife
38 Was livid
39 Slowly disappear
40 Orgs. running drives for school supplies
41 Little piggy
42 Sullivan who taught Helen Keller
43 Temper
44 Enlist again
46 Early king of Athens, in Greek myth
48 Magical rides
49 No longer working: Abbr.
52 Sedate state
54 State
57 Gerontologist's study
58 The driving force behind this puzzle?
63 Cheerfulness: Var.
65 Nonbinary pronoun
66 A dip, or a series of steps
67 Spanish girlfriend
68 Things once tossed in the Trevi Fountain
69 It stops at Union and Penn Stations
71 Understand
73 Agnus __ (prayers)
74 Banned aid?
75 Lead-in to Aid
76 "Auld Lang __"
78 Gambler's alternative to Las Vegas, NV, or Atlantic City, NJ
79 One with special I.T. privileges
83 Throwing away
85 Pond critter
86 Latin version of the Bible
89 Doesn't give a hoot, colloquially
92 Applebee's competitor
93 Kitchen gadgets
94 System of government
96 __ dog
97 Loading areas
98 Championship
99 Texas A&M athlete
100 Lugs
101 Add oil and vinegar to, say
102 Bit of chemistry
103 Legal cover?
104 Plugging away
105 Testing stage
107 Ratchet (up)
108 Command to a dog
110 Buckeyes' sch.

Puzzles Online Today's puzzle and more than 9,000 past puzzles: nytimes.com/crosswords ($39.95 a year). For the daily puzzle commentary: nytimes.com/wordplay.

Mitchell Johnson

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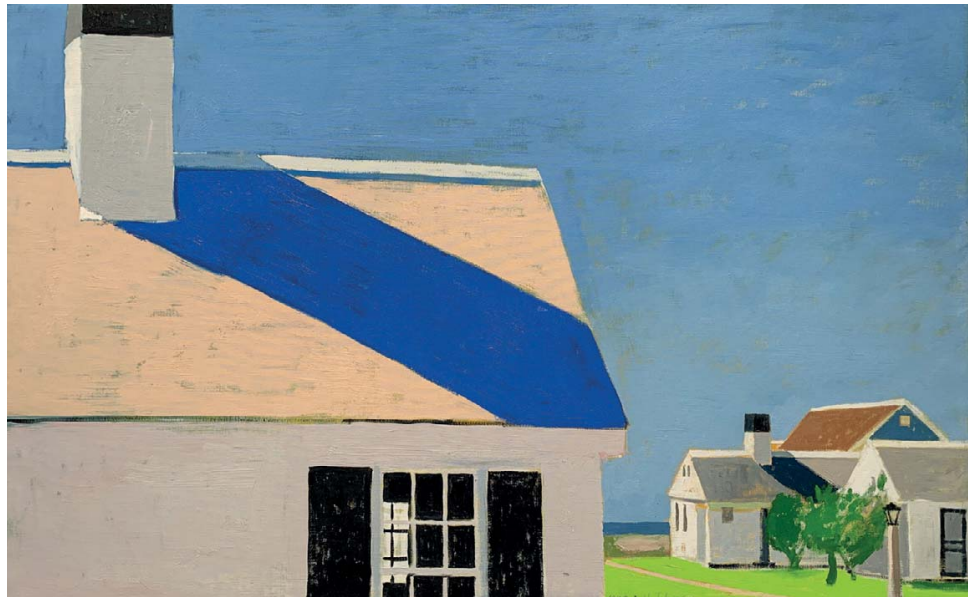

TOP: **RACE POINT STRIPES,** 2020, 38 X 48 INCHES, OIL/LINEN, $20,000. *BOTTOM*: **NORTH TRURO (DAVINI BLUE)**, 2020, 34 X 54 INCHES, OIL/LINEN, $20,000.

Mitchell Johnson of Menlo Park, California—an American Academy in Rome Visiting Artist (2015) and a Josef and Anni Albers Foundation Artist in Residence (2007)—is the subject of the monograph, *Color as Content*, and the documentary film, *The Artist of Silicon Valley*. Johnson's color- and shape-driven paintings are known for their very personal approach to color and have been exhibited in Milan, New York, San Francisco, and Los Angeles. Johnson divides his time between his favorite painting locations in Europe, New England, New York City, Asia, and California. His paintings are in the collections of 28 museums and over 600 private collections. The most recent museum acquisitions were by Museo Morandi in Bologna, Museum of Modern Art in Rome, Tucson Museum of Art, and Crocker Art Museum in Sacramento. Johnson moved to the Bay Area in 1990 after finishing his MFA at Parsons in New York. Follow @mitchell_johnson_artist on instagram to stay informed about exhibits, color talks, color workshops and new publications.

Together, we'll get through this.

The sun shines on.
But what really warms our heart is the thought of seeing you again when the coast is clear.

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